DOCUMENT RESUME

ED 086 662 SP 007 598

TITLE	National Leadership Development Conference on Smoking and Health Education (Washington, D.C., November 30--December 2, 1967).
INSTITUTION	American Association for Health, Physical Education, and Recreation, Washington, D.C.
SPONS AGENCY	Public Health Service (DHEW), Rockville, Md. National Clearinghouse for Smoking and Health.
PUB DATE	68
NOTE	111p.
AVAILABLE FROM	NEA publications sales, 1201 16th St., N.W., Washington, D.C. 20036 ($1.00)
EDRS PRICE	MF-$0.65 HC Not Available from EDRS.
DESCRIPTORS	Administrator Responsibility; Behavior Patterns; Conference Reports; Conferences; Guidelines; *Health Education; *Smoking; Speeches; Teacher Responsibility; Teacher Role

ABSTRACT

This report on the proceedings of the American Association for Health, Physical Education, and Recreation's National Leadership Development Conference on Smoking and Health Education contains speeches and reports from the conference. They include "Current Information on Smoking and Health"; "The Role of the Elementary School Principal"; "The Role of the Classroom Teacher"; "Smoking and Health: The School's Responsibility"; "Behavioral Aspects of Smoking"; "Motivation, Learning and Behavior"; "The Role of the Secondary School Principal"; "The Role of the State Director"; The Role of the PTA"; "Current Resources"; "A Look at the Future"; and "Conference Summary." The appendixes outline the purpose of the project, criteria for the selection of regional leadership team members, guidelines for oganizing a state conference of smoking and health education, and the program for the Alabama Conference on Smoking and Health. (Related document is SP 007 599.) (JA)

ED 086662

NATIONAL LEADERSHIP DEVELOPMENT CONFERENCE ON SMOKING AND HEALTH EDUCATION

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Proceedings of a Conference

Sponsored by the AAHPER Leadership Development

Project on Smoking and Health Education,

November 30-December 2, 1967,

NEA Center, Washington, D.C.

Funded by U.S.P.H.S., Contract No. PH 108-66-176

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A Department of the National Education Association

1201 16th St., N.W., Washington, D.C. 20036

Price: $1.00

Order from: NEA Publications Sales

1201 16th St., N.W., Washington, D.C. 20036

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THE PROJECT STORY

Vincent Granell, Project Director

As an outgrowth of medical evidence suggesting a relationship between cigarette smoking and lung cancer and cardiovascular diseases, which led to the Surgeon General's Report in 1964, the National Clearinghouse on Smoking and Health of the United States Public Health Service funded the Project on Leadership Development on Smoking and Health Education in June, 1966, under the auspices of the American Association for Health, Physical Education, and Recreation. The first expenditure in the project occurred in September, 1966, when the present offices were leased. The position of director was filled on February 1, 1967, and the secretary was employed on February 28, 1967.

After a thorough study of the conditions for programs included in the contract, the first phase, the massing of an advisory committee, was launched. The advisory committee was a group of energetic, knowledgeable, and level-headed individuals -- not a rubber-stamp outfit, but one that could and would develop policy and assist in program development. The members represented all areas of the country as well as a variety of disciplines other than health.

Many names were submitted, and after careful screening, the following individuals were named to the Advisory Committee of the AAHPER Leadership Development Project on Smoking and Health Education: John H. Shaw, Syracuse University, New York; Elizabeth Neilson, State University at Lowell, Massachusetts, and President of the American School Health Association; Hester Beth Bland, State Board of Health, Indianapolis, Indiana; Betty Owens, Oregon State University, Corvallis; Willis Baughman, Vice President for Health, AAHPER, University of Alabama, University; Robert Blackburn, Louisiana College, Pineville; Fred J. Holter, University of West Virginia, Morgantown; Thomas Janeway, State Director for Health and Physical Education, Springfield, Illinois; and Pearline Yeatts, University of Florida, Gainesville, The committee met in Washington, D. C. , May 7-9, 1967, to develop plans and procedures for a national conference and for future action. Assisting in the proceedings were Ed Mileff, AAHPER Consultant in School Health; Elsa Schneider, Consultant for the U. S. Office of Education; Vincent Granell, Project Director; and Roy L. Davis, Chief of Projects, National Clearinghouse on Smoking and Health. Kay Hutchcraft, secretary, looked after the details necessary for the meeting. Betty Owens, Oregon, failed to attend the meeting.

The purposes of the Project on Leadership Development on Smoking and Health* were presented to the group, which discussed what the conference should accomplish, who should attend, how to select those invited to attend, the format of the conference, what topics were to be covered in the conference, and the pattern to be followed in the six district conferences to be held later.

The recommendations made resulted only after long deliberations and many revisions. The purpose of the conference was stated as follows: "Purpose of the conference is to develop regional leadership teams that will mobilize manpower in designated geographical areas to provide educational programs in schools in smoking and health education." Criteria were developed suggesting the type of individual to be invited to the conference.# It was agreed that the individual selected according to the criteria need not be a member of AAHPER and could be from public health, voluntary agencies, and PTA's.

It was agreed that the AAHPER structure would be followed, and a chairman was named for each district. The chairman in each district accepted the assignment after carefully studying the obligations described in the letter of invitation. Each district was to be represented by seven individuals, including the chairman. Names of prospects from each district were suggested. No one was contacted until the chairman was committed. The chairmen and districts were: Eastern, Carl Willgoose, Boston University, Massachusetts; Southern, Marilyn Crawford, Madison College, Harrisonburg, Virginia; Midwest, Robert Synovitz, Ball State University, Muncie, Indiana; Central, Jeannette Potter, University of Northern Iowa, Cedar Falls, Iowa; Northwest, Gordon Anderson, Oregon State University, Corvallis; Southwest, Frank Williams, State Director for Health and Physical Education, Phoenix, Arizona.

The dates selected for the National Leadership Development Conference on Smoking and Health Education were November 30, December 1 and 2, 1967, in the NEA building, Washington, D. C. The format of the conference was tentatively outlined. Speakers for the various topics were suggested. The following recommendations were made for the speakers: (1) to understand the purposes of the conference, (2) to be aware of the caliber of those in attendance, and (3) to know what was expected of the presentation re practical suggestions for implementation of recommendations and the need for innovative approaches to inservice education.

The group agreed that the pattern in each district would vary according to their needs. Although it was felt the national pattern would be generally followed, no recommendation to this effect was made. If a good screening of prospects were accomplished, the group in each district would be capable of analyzing their needs and develop conferences accordingly.

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*The purposes of the Project appear in Appendix A.

#These criteria appear in Appendix B.

The advisory committee met for two and one-half days. It is a credit to the caliber of the personnel that so much was accomplished in such a short time. It was unanimously approved to vest the authority of refinement on final details of the conference with an executive committee composed of Ed Mileff, Elsa Schneider, Vincent Granell, Roy L. Davis, Willis Baughman, and Kay Hutchcraft.

The executive committee met once in June to refine the format and to suggest other speakers. The final program was developed only after many telephone contacts with members of the executive and advisory committees. The conference director, Willis Baughman of Alabama, was selected.

Prior to the advisory committee formation and meeting, while attending the AAHPER National Convention in Las Vegas, Nevada, Willis Baughman discussed with Vincent Granell the possibility of a pilot program in Leadership Development on Smoking and Health Education in Alabama. The director presented conditions that were necessary for initiating such a pilot program. Sufficient interest had to be demonstrated by a group consisting of representatives from education, public and voluntary health, the PTA, and other interested people. A preplanning meeting was held in Alabama with the following individuals: Willis Baughman, James Sharman, Samford University, Birmingham; Jimmie Goodman, State Health Consultant, Montgomery; Forest Ludden, Director of Division of Primary Prevention, State Board of Health, Montgomery; and Vincent Granell. The representation at this meeting had been well oriented by Baughman and contacts had been made with many organizations agreeing to having a representative at a planning meeting for a pilot program in Alabama. The group, under the direction of Baughman, agreed to develop a proposal outlining purposes for the program, a list of representatives, mechanics for the conference, suggested speakers, the followup proposed, and other details necessary for the fulfillment of their commitment. The date of April 18, 1967, was set for a planning meeting in Montgomery, at which time the proposal would be discussed. Copies of the proposal were to be distributed to each individual committed to attend the planning meeting and to the office of the director.

A discussion was held with George Anderson, John Cooper, and Ed Mileff when the proposal was received to determine the feasibility of such a pilot program and the anticipated results. The action was questioned because the national conference was scheduled to be the big event for the first year of the project. After much pro and con discussion, the consensus was that the pilot program could yield many benefits which could be helpful in the national conference mechanics.

The planning meeting was held in Montgomery, Alabama, on the scheduled date with representatives from the heart, cancer, and TB agencies; PTA; state department of education; state board of health; department of elementary and secondary principals; coaches association; state AHPER; and College Health Association. It was chaired by Willis Baughman. The proposal was accepted with some revisions. The date for the state conference was set for July, but it was later changed to October 9-10 due to lack of time to prepare for the July date.

The objectives of the conference were accepted and agreement was reached on the representatives from the five proposed areas to attend the state conference. The site for each area was to be the university campus in that area, and the chairman was to be a member of the faculty. This action assured facilities for the needs of each followup conference. The other two members of the team were to be selected from the identified leaders in school health programs in each area.

The Alabama State Conference on Leadership Development was scheduled for the University of Alabama campus, in Tuscaloosa, with Willis Baughman as conference director. A tentative outline of a program with suggested speakers was developed. A coordinating council, with powers to act relative to the program format, speakers, selection of individuals to attend, and other necessary details for the conference was named: Jimmie Goodman, James Sharman, Miriam Collins, Willis Baughman, Forest Ludden, and Vincent Granell. The council met several times to meet the responsibilities assigned to them.

One of the outcomes of the Alabama program was to be a set of criteria, guidelines, or procedures for consideration in organizing a state conference on smoking and health education.* The results of the various planning meetings portended many beneficial outcomes for the future functions of the project from the Alabama pilot program. The advisory committee consensus was that the Alabama experience should strengthen the national conference in many ways.

The office personnel went into action to get machinery in motion to cover the details necessary for the national conference as well as the Alabama pilot program. The AAHPER district chairmen for leadership development, when committed, were asked to submit names of prospects in their geographical areas. Similar requests were made to the state superintendents of public instruction, state board of health directors, state directors of health and physical education, division directors of public health education, state AHPER presidents and presidents-elect, and chairmen of interagency councils on smoking and health. Interspersed with the above requests were similar ones to members of the advisory committee and any other source suggested by them. AAHPER district presidents as well as health division chairmen were contacted for names of prospects; AAHPER district representatives received similar requests. Many contacts were made, and many names were received in each district.

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*These criteria appear in Appendix C.

The screening process was accomplished through various mailings of lists to the advisory committee, including the consultants and the district chairmen. The first screening brought the number to fifteen; the second brought it down to ten. When each district chairman agreed on the selection, invitations were sent to the first six on his list. The invitation contained the criteria for selection, the purposes of the project, the purpose of the conference, dates and site, finances available, and a statement of the obligation assumed by acceptance of the invitation. The screening machinery proved effective because in most districts, approvals were received from at least five of the six who received invitations. The rejections were as a rule due to the pressures of responsibilities which would prohibit them from the participation required to fulfill the responsibilities outlined in the letter. The selection of personnel for each AAHPER District Leadership Development team was complete by September.

There were many other activities which consumed much time but were necessary to the purposes of the project. Copies of the advisory committee's meeting were widely distributed. The executive committee's report was distributed after proper approval. At every opportunity, when a member of the advisory committee was in attendance at a meeting, certain aspects of the project were discussed.

The program assistant was employed in early June with primary responsibilities to the education committee of the National Interagency Council on Smoking and Health. After a brief orientation on the purposes and procedures of the project, the program assistant soon became involved in the preparations for not only NIC education committee functions responsibilities but also in those pursuant to the scheduled fall conference.

The final preparations for the Alabama state conference were completed in September. Invitations had been sent to approximately 300 individuals with only 15, three from each district, to be funded. The program was in the printer's hands, which meant speakers were on board and everything was in readiness.* In spite of all the preparations, a last-minute emergency (cancellation by the keynote speaker) caused some uneasy moments until a replacement was located only three days before the conference was scheduled to open. In spite of difficulties, the conference went smoothly and Terry E. Lilly, Jr., M.D., substituting for George Pickett, M.D., did a magnificent job. More details on the conference can be gleaned by reviewing the Alabama state conference proceedings, available upon request from Willis J. Baughman.

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*The program, as printed, appears in Appendix D.

The five followup sites and chairmen were District I, University of South Alabama, Mobile, Lewis Hilley, Chairman; District II, Auburn University, Auburn, Richard Means, Chairman; District III, Samford University, Birmingham, James Sharman and Avalee Willoughby, Co-chairmen; District IV, Jacksonville University, Jacksonville, Mrs. Palmer Calvert, Chairman; and District V, Florence State University, Florence, William Glidewell, Chairman. All followup conferences were scheduled in 1968 except for the Samford University one, District III, which was scheduled for December 8, 1967. Details on all conferences can be found in the Alabama proceedings.

Since the national conference was strictly an attendance-by-invitation conference only, the action from September on was to assure, insofar as possible, an interagency and interdisciplinary representation. Contacts were made and invitations were sent for representation from the following organizations: Department of Classroom Teachers; Department of Elementary Principals; Association of School Administrators; Association of Secondary-School Principals; Association of Supervision and Curriculum Development; American Public Health Association; American Medical Association; American Dental Association; Association of School Nurses; American Association for Health, Physical Education, and Recreation; National Education Association; American Heart Association; American Cancer Society; National Tuberculosis and Respiratory Disease Association; American College Health Association, Society of State Directors of Health, Physical Education, and Recreation; National Congress of Parents and Teachers; and State Health Officers Association. Representatives from many of the above groups served as program participants, did a superb job, and contributed tremendously toward the success of the conference.

Conference program was the next item for consideration. A small printed program, giving pertinent information as to what, where, and when, with the minute details supplied through a mimeographed enclosure, was selected. Plastic Identa-Kits were selected for the men so that the name tag and a copy of the printed program would be included. The ladies were to have pin badges and printed programs would be supplied for their purses.

A compendium identifying materials available from many sources, cost, and suggestions for procurement was developed, and a list of state curriculum guides was compiled. Materials distributed to the participants included the compendium and the list of guides; the "Plan for State Conferences" developed in Alabama; the detailed copy of the program; a copy of the booklet Health Consequences of Smoking; a copy of the pamphlet "Classroom-Tested Techniques for Teaching about Smoking;" a copy of recommendations from the world conference; and necessary writing materials.

Copies of the materials described in the compendium were on display for those needing to see what was described; copies of state curriculum guides were also on display at the conference.

There were numerous other responsibilities being met as these preparations went ahead. These included cooperating with the NEA Journal and the National Clearinghouse, with the help of a professional writer, in developing and preparing for printing in the December, 1967, NEA Journal an insert, "Classroom-Tested Techniques for Teaching about Smoking;" and meeting the needs of finances for the Alabama state conference, correspondence, and budget details; and finally, approving and preparing to submit vouchers for reimbursement to the participants and consultants at the conference.

The development, approval, and printing of an information brochure was also accomplished during this period. The decision to tape each session was reached and details had to be worked out to accomplish this goal. Approval from each speaker was procured; then arrangements were made with the audiovisual department of NEA.

During the final preparations for the conference, Betty Owens, Oregon, informed the director of her inability to participate as a member of the advisory committee. After discussions, the decision made was to invite Gordon Anderson, Chairman of the Northwest District Leadership Development Team, to become a member of the advisory committee; Arthur Koski was selected to be chairman of the team. The action was accepted by Dr. Anderson and Dr. Koski.

Attendance at many meetings is another responsibility often minimized but so vital to a successful development of an enterprise that requires assistance and support from so many sources. Talks were made at many meetings explaining the purposes of the project, what it hoped to achieve, what was available from this source, and the need for a concentrated effort if success was to be attained.

Now everything appeared to be in readiness for the AAHPER National Leadership Development Conference on Smoking and Health Education. Registration was set as to time, procedure, and personnel;

briefcases were ready; physical facilities were checked (rooms, taping procedures, and so forth); speakers and participants had cleared hotel reservations, and arrival time was well in advance of registration. But no one checked with the weatherman, and a snowstorm hurled its fury on the landscape and seemed to defy all the meticulous preparations. Fate smiled, though, because only one participant was unable to attend the conference due to the snow, and two speakers on a panel were compelled to cancel. A couple of the participants had nightmarish rides from distant points by bus due to unfavorable weather conditions for landing at airports here; and an amusing note arose from the storm: The ladies from the northern regions failed to bring their galoshes, but the ladies from the south came prepared. There is a lesson here somewhere, but---!

The first day of the conference began with snow falling and everyone having difficulty getting to the first session. It is to the credit of the people attending that the conference was convened on time, with all present at the opening breakfast meeting at 7:45 A. M., which involved advisory committee, chairman, and recorder for each district team. Ground rules relative to functions and duties of each category, consultant, chairman, and recorder were discussed. The advisory committee members were assigned liaison responsibilities with the district leadership development teams.

The second cup of coffee came at 9:00 A. M., when registration and getting acquainted were the order of business. The regular session began at 9:30 A. M. with appropriate welcomes. The seating arrangement was designed so that each district would have all of its personnel together during each session and during eating functions. The aim in this arrangement was to bring the individuals together often enough so the getting acquainted period would not encroach on the time scheduled for planning.

Thursday, November 30

7:45 A. M.	Breakfast with consultants, chairmen and recorders
9:00 - 9:30 A. M.	AAHPER Welcome John H. Cooper NEA Welcome L. G. Derthick
	(Willis J. Baughman presiding)
10:00 - 10:30 A. M.	Challenge to Conferees Willis J. Baughman
10:30 - 10:45 A. M.	Break

10:45 - 12:00 NOON	Current Information on Smoking and Health Donald R. Chadwick, M. D.
12:00 - 1:30 P. M.	Luncheon The Role of the Elementary School Principal Carolyn H. Troupe The Role of the Classroom Teacher Anne C. Hardy (Edward Mileff presiding)
1:45 - 3:00 P. M.	Smoking and Health: The School's Responsibility Louise M. Berman (Thomas Janeway presiding)
3:00 - 3:15 P. M.	Break
3:15 - 4:30 P. M.	Panel on resources available Representatives from: American Cancer Society, Inc. American Heart Association National Tuberculosis and Respiratory Disease Association Children's Bureau, Department of Health, Education, and Welfare National Congress of Parents and Teachers American Dental Association National Clearinghouse on Smoking and Health, USPHS (Robert Blackburn presiding)
4:30 - 5:45 P. M.	Region Leadership Teams meeting Southern Leadership Development Team Pearline Yeatts, consultant Robert Blackburn, consultant Eastern Leadership Development Team Elizabeth Neilson, consultant John H. Shaw, consultant

Southwest Leadership Development Team
  Willis Baughman, consultant
Midwest Leadership Development Team
  Fred J. Holter, consultant
  Hester Beth Bland, consultant
Central Leadership Development Team
  Thomas Janeway, consultant
Northwest Leadership Development Team
  Gordon Anderson, consultant

The comments at the close of the day were favorable (except the ones about the weather). The reports emanating from each of the district teams' meetings indicated an attitude of dedication on the people present to come up with a plan for action in their respective districts. Word was received that Pearline Yeatts, advisory committee, had become ill and could not attend the conference, so her place on the program was conducted by the director of the project.

The second day's weather was more appealing than the first: bright, clear, and no falling snow. The advisory committee and some district chairmen met for breakfast to discuss changes in procedures or recommendations from the groups which could be adequately implemented at that point. The program opened at 9:00 A. M. , with the two scheduled speakers making simultaneous last-minute appearances due to transportation problems. One had been slipping and sliding in the snow from Maryland, while the other, having been unable to make flight connections, had been on an all-night train ride from Syracuse, New York. Their presentations were tremendous, and the audience presented many questions to the speakers.

Friday, December 1

7:45 A. M.	Breakfast with Advisory Committee
9:00 - 10:15 A. M.	Behavioral Aspects of Smoking Daniel Horn (Vincent Granell presiding)
10:15 - 10:30 A. M.	Break

10:30 - 11:45 A. M.	Motivation, Learning, and Behavior Ira J. Gordon (Vincent Granell presiding)
12:00 - 1:30 P. M.	Luncheon Role of the Secondary School Principal Delmas F. Miller The Role of the State Director Robert L. Holland (Hester Beth Bland presiding)
1:30 - 2:45 P. M.	Region Leadership Teams divide into two groups to meet with Dr. Horn and Dr. Gordon
3:00 - 4:30 P. M.	Current Resources Roy L. Davis (Fred J. Holter presiding)
7:00 P. M.	Dinner The Role of the PTA Robert Yoho (Elizabeth Neilson presiding)

The conclusion of the day brought many more favorable comments on the conference. Some of the teams were scheduling meetings at off-hours in an effort to complete plans for their districts.

The last day of the conference began at breakfast, with consultants, chairmen, and recorders in attendance. Questions on finances, site selection, dates, responsibilities of chairmen relative to budget, and program were discussed. Each chairman was clearly informed that the district's program, site, dates, and budget were to be submitted for approval by the director. Tentative figures of $1,000 for a planning meeting in each district and $3,000 for each district conference were set, giving each district $4,000. Each chairman was encouraged to utilize local resources to the fullest and to present a program to fit the needs of his geographic section. No specific length of time for conferences was set, nor was a specific format for programs decided upon.

On the strength of a recommendation from the Northwest district team, Michael Pertschuk, General Council for the Senate Commerce Committee, agreed to come the morning of the last day to discuss impact of legislation, future possibilities of legislation, and what other legislation might be indicated. The speaker did a magnificent job and responded adequately to the many questions posed by the audience. It is unfortunate that because of the last-minute request, arrangements could not be made to tape Mr. Pertschuk's presentation. Some of the recorder's comments follow:

1. Historical aspects of federal legislation. Warning message on cigarette packages.
2. New legislation proposed by Senators Magnuson, Kennedy, and Moss.
3. Cigarette industry and commercial broadcasters powerful lobby groups.
4. The recent F. T. C. listing of tar and nicotine content.
5. Real effort of legislation on smoking advertising.
6. F. C. C. ruling on fair time ruling for anti-smoking spots.
7. Question-and-answer period focused on the following areas:
    a. Federal price support of tobacco products vs. government support of anti-smoking programs.
    b. Attempts of tobacco industry to restrict or influence classroom instruction relative to smoking and health.

Saturday, December 2

8:00 A. M.	Meeting of the consultants, chairmen and recorders
8:30 - 11:45 A. M.	Summary of the Conference Hester Beth Bland A Look to the Future Fred J. Holter The Regional Team's Role Group Discussion

Conference Adjourned

(Willis J. Baughman presiding)

12:00 - 1:30 P. M. Luncheon
Meeting of Advisory Committee and Project Staff

The conference closed officially at 11:30 A. M. , and the comments from everyone attending labeled it a huge success. In spite of the tightness of the schedule, the teams had sufficient time to formulate some plans for their district. Some of the teams stayed beyond the closing hour finalizing plans for their conferences. Many district teams made tentative plans to meet during the AAHPER District Convention for their respective areas.

A breakdown on the individuals attending revealed some very interesting facts. There were 16 state directors of health and physical education and one state health consultant as members of the leadership teams; there were 13 deans or chairmen and four professors of health and physical education departments in universities, with six associate professors and four assistant professors in the audience; a city and county director was a leadership team member; a professor of education and a director of teacher education were in attendance. Voluntary health agencies had three representatives, while Canada had one energetic representative; an assistant director of school health services and a state board of health consultant were members of leadership teams. The PTA was represented as were the AMA, ADA, ASHA, APHA, CTA, Elementary and Secondary Principals, USPHS, National Clearinghouse, and ASCD; one school nurse-teacher attended, and in the group three state groups of AAHPER were represented by their respective presidents. AAHPER staff were a part of many functions in the conference. The group clearly manifested national representation and success of the effort to have interdiscipline and interagency representation. It is hoped that similar action will continue in all future conferences sponsored by this project.

A buffet luncheon prepared for the advisory committee by the project's secretary, program assistant, and volunteers enhanced the feelings of a tired group meeting to consider future action. This luncheon was a tribute to a hard-working group of dedicated individuals who agreed to meet at the conclusion of the national conference to consider future action in the project.

A report which reflected a category for expenses for each district conference was presented to the advisory committee. The report stated that funds would be available for state conferences only upon negotiation with the project administrators. The concentration would be on the district conferences, but state projects are to be considered if fully and properly developed to bring desired results.

Only one district presented a tentative date for this conference -- Midwest, November 6-9, a two-day conference within the selected dates. However, every district scheduled a planning meeting as follows:

Southwest District:	January 10, 1968, Phoenix, Arizona
Eastern District:	February 17, 1968, Boston, Massachusetts
Southern District:	March 1-4, 1968, New Orleans, Louisiana
Midwest District:	March 7, 1968, Milwaukee, Wisconsin
Central District:	March 31, 1968, St. Louis, Missouri
Northwest District:	April 17-18, 1968, Eugene, Oregon

It was emphasized that any meeting pertaining to smoking and health must be held prior to or after AAHPER conventions to qualify for funding.

The point was stressed that district chairmen were to present the date, site, and budget for the planning meeting for approval by the director well in advance of the selected date. The same procedure is to be followed relative to district conferences to avoid as much conflict as possible with other AAHPER functions.

The advisory committee strongly recommended that the district conference director be selected from the personnel of the leadership development team. The consultant or consultants for each district may be used in any capacity if agreeable to all concerned.

Stationery containing the names of the advisory committee and the district chairmen will be supplied to the chairmen for correspondence relative to matters of the smoking and health project.

Adjournment came in early afternoon to permit members to meet plane and train commitments.

PREFACE

Willis J. Baughman, Conference Director

The National Leadership Development Conference on Smoking and Health Education was held in Washington, D. C., November 30-December 2, 1967.

The conference was designed to develop leadership in six districts and fifty-two states. The individuals attending the conference were selected from those who had already made achievements in the role of health education. The conferees indicated a willingness and a commitment to the improvement of school health education programs throughout the country with emphasis upon the hazards of cigarette smoking.

The conference provided the conferees with the latest information and developments relative to the health hazards of smoking, behavioral aspects of learning, current projects on research, pilot studies, and school programs relative to smoking and health education.

The conference participants engaged in planning relative to district and state conferences within their geographical areas. This group is dedicated to the improvement of the health welfare of children and adults, especially as it relates to smoking and health education.

The proceedings of this conference provide a detailed account of the various addresses and discussion group sessions that formed the program. It is hoped that they will furnish the reader with an opportunity to review the materials and information of the conference.

AAHPER WELCOME

John H. Cooper, Associate Executive Secretary
for Administration, AAHPER

I am substituting for Dr. Carl Troester, Executive Secretary of AAHPER, who at the last moment was committed to an emergency appointment. So on his behalf, I would like to welcome you to the NEA Center, and on behalf of AAHPER, welcome you to take part in what we feel will be one of the most significant projects that AAHPER has undertaken over the years. We have been interested in this area as a part of the total health education program. The entire concept has been that this is an area to be emphasized within the total health education program. A good bit of thinking has gone into the way in which we can best utilize our 50,000 members to improve education programs in the schools, which will in turn supplement community efforts in the total area of health education as it relates to this tremendous public health problem. A good bit of work and planning has been done here in preparation for this conference. Your task will involve picking up the ball and seeing to it that the impact of the project reaches the people who are doing the job in the schools across the country.

What you are going to do here in the next few days will be very important because you will be developing directions for future action. The recommendations that you put together and take back to your districts should guide programs as they move down into the states and then into the local schools. Thus, the job that you are about to do in terms of this project is extremely significant. We know that you are going to do a good job; you are going to do it well. The offices and staff of the Association are here to help. If there is anything we can do in terms of helping in day-to-day problems that come up, please feel free to call on us. We want this to be as successful a meeting as we can possibly make it, and our resources are at your command during your stay.

I have the privilege now of introducing Dr. Lawrence Derthick. I would like to mention that Dr. Derthick has cooperated with and supported the Association in almost every endeavor that I can remember since I have been with the Association. He has given us the backing of the NEA in every avenue of concern to the AAHPER and has been a friend, a supporter, a real help to our programs. He comes to us, as most of you know, with a broad background in education which includes experience at almost every level in the public school system and on through the college and university system. He has served with distinction as Commissioner of Education under President Eisenhower. Presently he is Assistant Executive Secretary for Educational Services here at NEA. It is a real pleasure for me to introduce Dr. Lawrence G. Derthick.

NEA WELCOME

Lawrence G. Derthick, Assistant Executive Secretary for Educational Services, NEA

Of all the conferences we have at the NEA, those of AAHPER are the most dynamic. I suppose there are 12,000 people who pool brains and ideas here during the course of the year. One sees them at work from all around the country and other parts of the world every day of the year (except Christmas and Thanksgiving and perhaps the 4th of July). Their combined intelligence and experience operate to solve great problems in education, nationally and internationally. And so they come to work and to share in this beautiful education center which does, indeed, symbolize the teaching profession in our country.

I remember years ago, before I came to NEA, when the campaign was on to raise money for this building. Reflective of the spirit of teachers and their spirit of service, the campaign had to be closed because too much money was coming in. The building was paid for, and since then, there have been 3 or 4 million dollars more invested in expansion, which likewise is all paid.

What a great confederation we are! It took me quite some time, after joining the staff (though I had been president of one of the departments, member of committees and commissions, and a life member) to appreciate the magnitude of this operation. Eleven thousand pieces of first-class mail come in every day. One hundred and fifty bags of mail go out every day. We have 7,000 different titles in the publication catalog, and about 12,000,000 pieces. Teachers can write in from the most isolated nooks and corners of this country seeking answers to their questions and problems, and they receive very carefully prepared replies. We have more than 1,000 people serving in this building. One of our biggest problems is always space. Right now we are talking about going out on the beltway somewhere and putting up a service building for activities that don't require such a prime location. I suppose there is no higher-priced office space in the city of Washington than at 16th and M, looking right down a couple of blocks across Lafayette Park to the White House. So it is a tremendous operation. And there is no department here stronger than AAHPER, and very few as strong.

I started to say a minute ago that of all the conferences that go on here, I can't think of any one that would be more rewarding to me to sit in on and learn from than this one. I happen to be in four days of meetings today, tomorrow, Saturday, and Sunday, and so I will be denied that privilege, but many of us here are tremendously interested in the problem that you are pursuing. It comes pretty close to home to me for what it means to millions of children and youth in this country.

I mustn't go on too long in my wandering way (stimulated by my enthusiasm for your mission), but things keep popping into my mind. I recall a school visit I made to a very isolated area in my state, at least 30 years ago. As a young boy, years before that, I had first gone to that area to visit a girl. I had said to her father, "Mr. J., they tell me that more moonshine liquor is produced here than in any other area of Tennessee." He replied, "Yes, Mr. Derthick, that's true, and they tell me that your town is our best market." But anyway, it was in such a setting that I made the school visit as a member of the State Department of Education. I found more than one outstanding teacher, despite the isolation. One can find creative endeavors in the most unsuspected places.

But this story has reference to an English teacher. The class was studying Idylls of the King. They were talking about courtesy and chivalry in those olden times. Soon they began to talk about courtesy in their own ways of life and became most interested in a program to improve. The students began to watch for the marks of the lady and the gentleman in dating, in dress, in manners, and so on. Their written work and other activities reflected their enthusiasm and changed attitudes and behaviors. The first day I was there (I came back later) one girl said, "Mrs. P., we wouldn't mind doing the right thing if we knew what the right thing was to do."

After all those years, just this instant, that memory pops back into my mind. It leads me to remind you that boys and girls are so wonderfully responsive when they tackle issues under good guidance with proper resources, and so idealistic in following sound rules for fruitful living. What a challenge to you to provide the leadership and the resources which will stimulate youth to examine and understand the realities and the serious threats to health which are attached to smoking! Yours is an exciting and a crucial and a sobering endeavor as you contemplate the great potential for impact and influence on millions of young lives.

Your job, of course, is to develop leadership, to bring about cooperation and partnership. I have always been deeply impressed by the true story told of a little child lost in the vast wheat fields of Kansas during a tremendous heat wave. The mother was hanging out clothes. One minute the little toddler was there at her feet. Only a moment later he was gone -- lost in the wheat fields. Not finding him quickly, the mother became alarmed. She rang the bell. Other members of the family joined the search. Soon the neighbors came. For three days they looked. By then their hopes were gone for it didn't seem possible the child could survive under such terrible conditions. At last somebody got the idea of joining hands to go up and down and back and forth so systematically that with over 200 people then engaged, they said, "We won't miss a single square inch." Not long afterwards, they stumbled upon the lifeless body of the child. As the mother reached for her baby, she sobbed, "Would to God we had joined hands sooner."

Well, I think that's the way we all must feel about this issue upon us now. Would to God that we had joined hands sooner. But thank God, we have joined hands now. Out of this meeting today will come results that will change things for the good. That's the wonderful thing about your being here today, to think that what you're going to do will spread so as to multiply many times this great joining of hands so that countless agencies and people will generate a powerful attack to protect our youth against one of their greatest health hazards. Thank you very much.

CURRENT INFORMATION ON SMOKING AND HEALTH

Donald R. Chadwick, M.D., U.S. Public Health Service

Although I am a bit of a "Johnny-come-lately" to the smoking problem, having taken my present position as director of the National Center for Chronic Disease Control only last January, I must confess that in that relatively short time, I have become very much dedicated to the problem of smoking, and the reason is very simple. If you look at chronic disease control, and particularly at the things that can be done by way of prevention, you find that one conclusive and definitive approach that can be taken to prevent chronic disease in the United States is anti-smoking.

We are really entering a new era of public health, or perhaps we have been in it for some time now. The major problems of public health in the past, as you know, have been the communicable diseases, and it was no easy task to control them. The problem of coping with chronic disease control, however, poses a more difficult challenge. It is one thing to give a person a shot or two -- a procedure requiring no sustained change in behavior -- but it is another thing to control certain chronic diseases through major changes in patient behavior. Obviously, it is much more difficult to do. The smoking problem really represents our first major program to change people's behavior with respect to the chronic diseases.

As we look into the future, particularly in relation to cardiovascular disease, we're probably going to have other tough nuts to crack. I think we are going to have to do something about people's diets. The current U. S. diet is probably quite undesirable from the point of view of the onset and progression of arteriosclerotic heart disease. Lack of physical activity is another very serious problem, and doing something about increasing people's levels of physical activity is also going to be difficult.

This is by way of an introduction to indicate that the matter of smoking is the most important single preventable health problem in this country today. Unless we can do something about this, we might as well go into another line of work because we're obviously not going to be successful in some of the other preventive measures we will attempt in the future if we cannot do something about smoking.

This morning I would like to review some of the conclusions of the recent report, The Health Consequences of Smoking. Actually, I'll be considering not only this new material, but the previous evidence as well. I admit it is a little like the minister who is addressing the congregation and realizes that he is speaking to the wrong people when he talks about the problems of morals. Certainly, in discussing with you the health consequences of smoking, I'm not trying to move you in the sense of making you realize that it is a problem because I am sure you already feel that way; otherwise, you wouldn't be in this project.

Nothing illustrates the gravity of the problem more clearly than the impact of the cigarette smoking habit on life expectancy. If you compare the mean life span of smokers and nonsmokers you will find, for instance, that a man of 25 can expect to lose up to eight years of his life if he smokes two packs or more a day. This is no minor consideration. Eight years is a long time. Even the one-pack-a-day smoker loses roughly six years of his life expectancy. The evidence is conclusive that there is, indeed, a reduction in life span among smokers.

How many people are smokers? Something over 50 percent of adult males, 17 years and older, are smokers, while the figure for adult females is 34 percent. This major difference in the number of males and females smoking is important for it is going to be the explanation for some of the differences between males and females that we will see later in the health consequences.

Among adult males, the percentage of smokers is going down. The figure five years ago was about 55 percent, and now it is down to around 51 percent. The trend is in exactly the opposite direction in the case of females. The percentage of females smoking some five years ago was around 31 percent, and now it is up to 34 percent. So one can expect that some of the differences that we see in effects between males and females may well disappear in the future because of the rapidly increasing rate of women smokers.

There isn't a major difference in the proportion of male and female smokers at specific ages except in the 56-and-older age group. Here there is a significantly larger percentage of male smokers -- 20 percent -- than female smokers -- only 14 percent. This reflects the fact that the older women generally have not taken up smoking at the rate the younger women have.

As you know, some diseases are causally related to smoking, while there are other causes of death and illness which are associated with smoking without any definite evidence that there is a causal relationship. For instance, the accident rate is higher in smokers than in nonsmokers. Home fires are frequently caused by people who go to sleep with lighted cigarettes.

Also of extreme importance in this relationship is the fact that the carbon monoxide level in the blood is higher in smokers during the time they're smoking. Increasing attention is being given to this problem, for there is some concern that this increased level of carbon monoxide in the blood may very well be diminishing the driver's alertness to the point where this is a causative factor in automobile accidents.

Cirrhosis of the liver is another disease associated with smoking. Of course, smoking and alcohol consumption often go together, and this may well be the relationship here rather than a causative one from the smoking itself. The peripheral vascular diseases are another case in point. It has been well known for many years that smoking has an acute effect in reducing peripheral circulation, and in those who have some compromised peripheral circulation to start with, smoking obviously intensifies the problem.

One of the things all of us are concerned with is trying to find arguments that will be convincing to children. It is hard to get children excited about lung cancer or coronary death which occurs at age 65. At the recent World Conference on Smoking and Health, one speaker said that children often think of middle age as being a living death," and once you are that old it really doesn't make much difference what happens to you.

The matter of the immediate reduction in peripheral circulation as a result of cigarette smoking may be one of the handles that we can get on this problem of convincing young people. It can be demonstrated quite dramatically with a device called a thermograph, which is essentially a machine that takes pictures of the heat level on the skin. A thermograph picture before smoking will show the imprint of the hands and arms; after smoking the hands and arms disappear right before your eyes because of the reduction in skin temperature as a result of reduced peripheral circulation. This may provide a convincing demonstration, although the significance of reduced peripheral circulation may not be as clear to youngsters as we would hope.

Emphysema is one of the diseases "associated" with smoking (rather than caused by it) because we are just not sure about it yet. It is, as you know, one of the diseases that is poorly understood to start with. We know that emphysema is characterized by destruction of the alveoli, but we don't know what causes this. Therefore, there aren't enough leads really to connect smoking and emphysema in a causal way.

Buerger's disease, again, is a disease which is poorly understood, and the evidence is just not sufficiently conclusive. In the case of a disease such as lung cancer, we have not only the statistical information, but also a vast body of experimental data. Certainly smoking contributes to the deleterious effects that result from Buerger's disease by producing a greater constriction of the vessels.

While the diseases that are not related to smoking have been going down in the last 15 years in both males and females, the diseases associated with smoking have been going up. One of the forceful points made at the World Conference on Smoking and Health in September was that the increase in smoking has evidently erased many of the health gains that have been made in recent years by the control of communicable diseases. Life expectancy in adults has not been increasing greatly in spite of the fact that we have been making tremendous progress in health care.

The most characteristic case is that of lung cancer, a rare disease as recently as 1930. The deaths then were just a few thousand; now the annual deaths from lung cancer are on the order of 50,000. This disease is increasing at epidemic proportions, much more so for men than women. The disparity may be due partly to the difference in smoking behavior, but this may not be the only answer. There may be other reasons why females do not appear to get lung cancer at anything near the rate that males do -- although, as the years go by and the rates of smoking among males and females appear to approach each other, as is happening now, one would expect that this difference will become less. Whether it will be erased entirely or not seems perhaps doubtful in light of the present situation.

Heart disease is another case where the death rate continues to go up, both in males and females, in spite of all the things being done to take better care of people generally, and in spite of advances in recent years in the treatment of acute attacks of myocardial infarction. One can certainly hypothesize that the increased rate of smoking is responsible.

Perhaps the most dramatic change in recent years has been the phenomenal rate of increase in number of deaths from the respiratory diseases -- chronic bronchitis and emphysema. This rate has been going up tremendously in the last 15 years. Some people claim the rise may be due to the fact that we are diagnosing this as a cause of death more frequently. This might account for some of the rise, but most experts are convinced that there is a real increase in death rates from respiratory diseases in addition to the perhaps greater recognition of this as an important cause of death.

A comparison of the overall death rates of smokers and nonsmokers presents a broader picture of the extent of the problem. In the case of all cancers, for instance, the death rate among male smokers is double that of nonsmokers. Again, this is not establishing a causal relationship; it is just making the observation that people who smoke have twice the death rate from cancer as those who do not smoke. The death rate from lung cancer is eight times higher than that among nonsmokers. This, of course, is very impressive and is also highly dose-related.

In other words, you can draw a rather precise curve of the relationship between lung cancer mortality and rate of cigarette smoking, going all the way up to figures as high as 20 times or more, the death rate of lung cancer among smokers of more than two packs a day.

The incidence of coronary heart disease in male smokers is double that of nonsmokers. In fact, death rates of smokers from all cardiovascular diseases is twice that of nonsmokers. Taking all causes together, we find that death rates for men are generally higher among smokers than nonsmokers.

The picture for females is somewhat different. Here we do not have anything like the large differences that were shown for males, probably because of the relatively lower proportion of the adult female population that smokes today. Thus, there has not been the long period of large-scale cigarette consumption among females to have produced some of the health consequences that we see at the present time among males. Perhaps even more important is the fact that the rate of smoking among females has been increasing. Not too many years ago, the differential rate would have been even greater.

The comparison for all causes shows essentially no difference. Lung cancer, however, is the exception, having double the incidence in smokers as in nonsmokers. There are differences in all circulatory diseases and in coronary heart disease, but not of the magnitude as seen in males.

One of the most important messages we can give smokers today is the answer to the question, "Does it do any good to give up smoking?" Perhaps this is not as important to those who are working with youngsters, but it certainly is extremely important for those who are working with adults.

Smokers of many, many years feel, "Well, I've been smoking so long that the damage is done and there isn't any point in my giving up smoking at my age." I think our data indicate how very wrong that is. In the very important 10-year, highly productive age group from 55-64, you will find that for those males who gave up smoking for one to four years, the death rate has gone down from 2,900 to 2,600 per 100,000 persons. For those who have not smoked for 5 to 10 years it is down to 1,880, and so on until you reach the nonsmoker's rate.

This is extremely important information for those who are working with adults because it shows that there is an immediate beneficial effect from giving up smoking. Indeed, if one looks at the relationship between smoking and coronary heart disease, for example, one can see that there is a theoretical basis for the beneficial effect because there are essentially two actions by which smoking increases the mortality rate from coronary heart disease. One is that general atherosclerosis -- the narrowing of the arteries -- appears to be more severe at a younger age in smokers than in nonsmokers. The other is the acute effect of nicotine which stimulates the heart to greater cardiac output. Since the carbon monoxide level in the blood is somewhat higher in smokers when they are smoking than in nonsmokers, the oxygen available to the heart is less at just the time when the demand for oxygen is greater because of the action of the nicotine. So you can see that there would be an immediate beneficial effect with respect to the problem of myocardial infarction because of this acute effect of smoking on coronary circulation.

Another very important bit of information that is in The Health Consequences of Smoking and is new since the Surgeon General's Report in 1964 is the recent study that showed that the lung cancer rates among British physicians have gone down some 30 percent in recent years at a time when the lung cancer rate among British males generally was going up 25 percent. In this country, as in Britain, studies have been made of the reduction in smoking rates among physicians. Over the last 15 years, the rate of smoking among U. S. physicians has gone from the order of 60 percent or more down to something less than 30 percent. The British experience provides, for the first time, conclusive evidence of the beneficial effect of withdrawal from smoking on the rates of lung cancer in males.

Another new bit of information in the 1967 report is the effect of smoking on illness. Most of our information prior to this report was on mortality -- the difference in death rates between smokers and nonsmokers. A recent study by the National Center for Health Statistics provides data comparing the rates of illness of smokers and nonsmokers. In the matter of the average annual work days lost, for instance, nonsmoking men had a rate of just under five days per annum lost from work because of illness, whereas male smokers of two packs and more had a rate of 7.6 days lost per year. There are 77 million work days lost in the United States each year because of the increased rate of sick leave taken by smokers as compared to nonsmokers. That total represents a 20 percent increase in work days lost because of the smoking habit. This is just about equal to the amount of time lost because of industrial accidents, a problem we consider to be very severe.

Another measure of illness is bed disability days -- days when an individual feels sick enough to have to stay in bed. Nonsmoking males had an average of 5.1 bed disability days per year. The two-pack-a-day smokers went up to 8.8 days. Comparable figures for women were 7.5 days for nonsmokers and 17.4 days for the heavy smokers. A total of 88 million excess bed disability days are experienced per year because of smoking.

The question has been raised of why females have a higher rate of days in bed than males. Generally it is easier for the housewife to stay in bed than it is for the breadwinner; maybe that is the major difference. Having to go to work probably cuts down the bed disability days among males. This statistic correlates with the increased amount of respiratory disease in females, too.

Still another indication of the effect of smoking is restricted activity days. Again we have the same sort of picture but with larger numbers, of course, because this is a less severe restriction than being in bed. Nonsmoking males had 13.8 days of restricted activity, compared with 23.3 days for heavy smokers. The female rate went from 20.0 days for nonsmokers to 38.4 days for the two-pack-a-day smokers. Over 300 million excess days of restricted activity each year apparently result from the cigarette smoking habit.

A final bit of evidence of the effect of smoking on illness comes from two small studies in colleges. The first, done at Harvard, compares various respiratory symptoms in smokers and nonsmokers. For instance, none of the nonsmokers reported any summer cough, whereas 10 percent of the smokers did. A vanishingly small percentage of those who were nonsmokers reported increased phlegm, compared to a fairly large number of those who were smokers. The same kind of comparison occurred in the case of breathlessness. Chest-wheezing at the time of a cold was reported by almost half of the smokers, whereas only 17 percent of the nonsmokers had this kind of symptom.

The second study, done at Harvard and Radcliffe, compares the number of clinic visits made by males and females for complaints of smokers and nonsmokers. The rates of visits for respiratory complaints show a very marked difference -- 1.44 in the case of nonsmokers and 2.27 in the case of smokers (for both males and females). There is a small difference in the rates of clinic visits for gastrointestinal complaints and a marginal difference in the case of trauma (accidents of various sorts). Both studies, however, were relatively small, in the order of 100 in each group, so it is not possible to attach a lot of importance to these figures.

The reason I have ended on this point is that I am not sure how persuasive the approach stressing the long-term deleterious effect on health is going to be with youngsters. I had the opportunity to visit one of the school programs that we are involved with in California. Although it had not been in effect long enough to have shown any results, it was a program in which a fairly intensive health education project was being carried out in 5th through 8th grades.

Baseline comparisons were made between smoking behavior and various other things in that school as opposed to a control school in a neighboring California community. When the program has been in effect for some period there will again be questionnaire comparisons in attitudes and behavior between the experimental school and the control school to see what impact, if any, this program is having.

The superintendent of schools took us to lunch with a number of the teachers involved, and I was impressed by the enthusiasm that they had for this project. They seemed to feel that it was producing a high degree of interest and response on the part of the students.

This was a fairly broad-scale health education project, not confined solely to smoking, but covering various other things as well -- physical activity, diet, and so on. Emphasis was placed not only on the long-term effects of smoking, but some of the short-term effects as well. It was quite impressive to me that the teachers seemed to be as enthusiastic about the program as they were. One would hope with this degree of enthusiasm and this apparent degree of interest on the part of the kids, that some progress can be made.

THE ROLE OF THE ELEMENTARY SCHOOL PRINCIPAL

Carolyn H. Troupe, Principal, Whittier Elementary School

The problem of smoking as related to the elementary school child and the theme of your conference, to the casual observer, would appear to be the linking of two totally irrelevant situations. Children in the age group with which we deal would appear to have no strong attraction for the smoking of cigarettes or the use of tobacco in any other form. So, I was at first rather nonplussed as to what I might possibly say to this group. However, on serious reflection and in preparation for this assignment, there came to my mind a picture which I actually visualized late one afternoon as I glanced out at the playground of our school. There I saw the boy who was our chief source of worry, our prime nonconformist, and he was puffing away on a cigarette. Several of the younger children who happened to have been playing on the playground were totally enthralled. They were looking at him with adoration. Personally, as a nonsmoker, I was, of course, horrified at the sight of a twelve-year-old puffing away on the "filthy weed." So immediately, even though school was out, I called his father to inform him of the incident. I felt most self-righteous. In fact, I could almost feel the halo glowing around the top of my head as I sought in my most school-teacherish way to enlist the father's aid in preventing this boy from developing the smoking habit, or if he were already "hooked" to see what could be done to "kick the habit." You will never be able to imagine the father's answer because I myself was totally unprepared for his response. I dare say I expected anything but what I actually received. I probably would not have been floored had I gotten something like, "Mind your own business," or "It's after school isn't it?" or "The playground is public property," or something similar. You know the type of answer you might get from an uncooperative parent. The man took me totally by surprise when he said, "Now, Mrs. Troupe, you know that Sam is not the only twelve-year-old boy who has smoked a cigarette, so why are you singling him out?" When I recovered by equilibrium and fully realized what the father was saying, I fairly shouted, "But Mr. Smith, I don't approve of any twelve-year-old smoking." Well, the entire incident brought home to me in a very forceful way the need for a positive and continuing program of education for basic good health practice throughout the learning years of our school children. And now, more than ever, it is necessary to begin that program in the elementary school.

There are several responsibilities in this area which I feel the elementary school people can bear. Obviously, the first one is a strong program of education for the youngster and for the community. Another is the desirability of setting an effective model. Finally, there is the need to exert our influence in the community so that the hazards of smoking will be known and the temptations to develop the habit will be minimized.

Let me speak briefly about each one of these areas. I think, of course, it can be effectively shown, and you as health educators are already fully aware of these facts, that most persons who begin the smoking habit do so because of the desire to be "one of the gang" or to be "in" or to avoid being dubbed a "square." As teachers, school people, or community leaders, counteracting this point of view may really be a difficult undertaking because we deal with the age group that dares not be nonconformist. You see, they must get the approval of their peer group, and this does begin in the elementary school. Fortunately, the younger child seeks the approval of his teacher or his parents more than that of his peers, but with this older group we do have to take that factor into consideration. Again, many of our children come from homes where all the adults smoke, and the desire to learn to smoke is reinforced. Because of the hazards of smoking, however, I think we cannot avoid the responsibility as teachers of being models. The Children's Bureau of HEW puts out a very helpful booklet on this subject, which I am sure you have. One of their many publications and one of the suggestions is that the adult models must help the youngsters overcome what are called "false images" about the whole question of smoking. For a youngster who feels that smoking enhances one's charm and sophistication, he has only to acquire the stained fingernails and teeth, the repugnant breath odors, or the coarse voice quality of the confirmed smoker. I think a very strong appeal can be made by teachers, recreation workers, and youth leaders who view the cigarette habit not only as dangerous but as dirty and revolting. Look at the establishment of a model from another point of view. There are many young men who admire athletic prowess and who aspire to the satisfactions and rewards of participation in highly competitive sports. This is another approach which we can use in the elementary school. Surely no one believes, in the face of overwhelming evidence, that he can become a smoker without perceptible damage to heart and lung functions, thereby endangering or hampering whatever natural skill he may have in this exhibitive area. It becomes a choice, then, clear and simple: either one may become a smoker with all the repulsive characteristics of the user of tobacco or he may seek to excel physically in some area with the chances of personal satisfaction that may accrue from such participation. Even though we customarily think that elementary school children are too young to make decisions on the basis of the merits of a given issue, we must concede that training in decision-making is indeed a function of the elementary school. Why, then, could we not make this area of smoking a part of our health education program by giving positive and vital instruction on the harmful effects of smoking? Certainly we have an obligation to point out to our children that tobacco is an enemy of fitness, especially in the case of young people. We know that tobacco, of course, may irritate the nose and throat and that people who smoke frequently develop a cough. These are very obvious things which elementary school children can see quite readily. We should inform our children that smoking increases the rate of breathing and the rate of the heart beat. Elementary school children can certainly be taught the proven factors that the use of tobacco lowers the ability and the performance of young people in athletics and/or active games. The fact that coaches generally require their athletes to refrain from smoking will have a definite appeal for children of elementary school age, since most of these youngsters aspire to become involved in sports and games.

The relationship of sports to the problem of nutrition is another area that should not be neglected and can be incorporated in our program of elementary school health education. Smoking does dull the appetite of the individual; hence, the person who has the smoking habit may become undernourished with all of the resultant ills which may stem from poor nutrition. Another educational responsibility which we have in this matter is to point out the growing evidence that smoking increases the likelihood of developing lung cancer. Experiments are being conducted in medical centers everywhere, and these experiments prove that the substances in cigarettes are those which predispose an individual to this dreadful disease. A teaching lesson for elementary school children might include some of the vocabulary associated with the use of tobacco, such as tar, a material which stains the inside of a person's lungs and acts as a slow poison, or nicotine, another poison. All of these are also in cigarettes: ammonia, a substance which is often used as a strong cleaning fluid; hymaldrafine and hydrogen sulphide, both poisonous gases; hydrogen syanide; carbon monoxide, the poisonous gas which comes out of your father's car; and arsenic, another poison. You see, all of these are areas, vocabulary terms, concepts which you might, with direct teaching, develop with elementary school children. Of course, by the time you get through this vocabulary if they are not frightened to death, then maybe you had better start on another approach. These are terms which describe dangerous substances, and all are found in some degree in cigarettes. They may form the basis for lessons in science or in health and physical education, or they may be developed in a direct teaching experience on the subject of smoking.

Finally, I think we can help our children understand their own responsibilities as members of a social group. No one lives in isolation, so consequently, he must be aware of the rights and comfort of his associates and the other persons in the social group of which he is a member. Certainly, a roomful of cigarette smoke is annoying and uncomfortable, particularly to nonsmokers; a considerate, gracious person does not knowingly cause discomfort to other persons. These learnings can be made definite and specific. They represent learned behavior and as such can be taught. Those of us concerned with elementary education have a clear and pressing obligation to structure programs for the development of our children along lines which will enable them to take an acceptable place in life and to make the optimum contribution to the society of which they are a part.

A final significant responsibility which school people have is to use the influence which we have in the community to eliminate those factors and aspects of community life which do not forcefully underscore the dangers of smoking. We have a responsibility in the area of advertising to work definitely and consistently to seek controls in this matter, particularly as it relates to the use of cigarettes and smoking. The exposure which cigarette smoking has on television is another area in which we can bring our influence to bear. Where it is brought before the public through the use of other mass media, particularly in instances where the media seek to minimize the dangers of smoking and at the same time to enhance the so-called advantages of cigarette smoking (such as claims to relax the nerves or the delightful taste or whatever), we can exert our influence against such claims.

As teachers of the young and as responsible members of the community, our influence should be exerted in areas such as control of cigarette advertising and the continuous presentation of cigarettes and smoking generally to minimize these pressures which lead young people to view smoking in other than its true light. These are some of the areas which have significance for elementary school education and for which we have a clear and continuing responsibility.

THE ROLE OF THE CLASSROOM TEACHER

Anne C. Hardy, Instructor, Hinds Junior College

The role of the classroom teacher in smoking, as I see it, is little different from the role of the classroom teacher in any area. Let me say first of all: please don't tell your girls some of the statistics that Dr. Chadwick showed us this morning; please don't show them the slides saying that girls are not as susceptible to the harmful effects as the men. Then perhaps we had better not show the young men that if they quit smoking between 55 and 64 their possibilities of an early death will go down, too. That might be an incentive to smoke right on up to the end. No, I'm being facetious, but those things really are a little frightening to me: that the boys might think, "Oh, boy, I can smoke until I'm 55 and then I can level off. I'm too old to live anyhow then." I have some news for him!

Basically, there are two concepts of the role of the classroom teacher. One holds that the teacher's responsibility is totally incorporated in his role as subject-matter mediator. His duties end when he has taught mathematical formulas, scientific theories, steps in passing a bill, or the skills of communication. The other concept also maintains that the classroom teacher's role is that of subject-matter disseminator. But this concept goes farther. The teacher is Tennyson's echo that "rolls from soul to soul and grows forever and forever." He has social, moral, spiritual, and ethical responsibilities far beyond reading, writing, and arithmetic. The second concept really mandates that the classroom teacher do all he can to teach the whole child. Thus the teacher finds it his responsibility to teach facts and to encourage maximum physical, social, and ethical development.

First, then, the classroom teacher must keep himself informed. There are reports and reports and reports; there is literature and literature and literature. Had I had the packet of material when I tried to think of a few things to say to you, I would have had all the answers, for your material is beautiful in the factual realm. But those facts and those reports are no good unless we use them. The Surgeon General's Advisory Committee reports: "Observations of thousands of patients and autopsy studies of smokers and nonsmokers show that many kinds of damage to body functions and to organs, cells and tissues occur more frequently and severely in smokers." The tobacco manufacturers in rebuttal spend a few more millions to advertise their products. The teacher is then compelled to weigh, evaluate, and conclude. His information must be current and reliable.

Second, the well-informed classroom teacher can promote programs about the problem through his professional and civic organizations and influence other adults to become aware of and interested in combatting the problem.

Third, the teacher can relay his findings to his students in physical education and health classes and in campus clubs. There are so many tugs at the minds of today's young people. There is a constant enticement from the strong, black-eyed people who would rather fight than switch; there are the beautiful gifts that are so easily acquired from the accumulation of coupons. The more you smoke, the faster your coupons accumulate. Then there is the taste that is springtime fresh, and there is that one that I think is so catchy -- that silly millimeter longer cigarette that brings a little extra pleasure. Even a solid, steady young person has to have the logical reasoning acumen of a crack lawyer to withstand such attractions. The well-informed teacher with the latest information from research at his command can prove a valid combative agent, for today's facts are just about the only effective weapons. Youth just doesn't go for, "Now, son, you shouldn't do that."

Finally, and perhaps most important, the classroom teacher, regardless of the grade or the subject matter he teaches, can make school work so interesting, life so exciting, and the urgency for achievements so impelling that the student will develop a desire to hang around the world just as long as he possibly can. I, who just recommended having facts, cannot authenticate this, but I feel that most young people pick up the habit out of boredom or as a means to be noticed. If the classroom teacher can motivate, guide, stimulate, and encourage the student to define goals and to establish purposes and can keep him busy, really busy, the young person will "find himself" through productive living rather than simply through following the crowd. Encourage him to participate in competitive sports. Give him a reason to respect himself. Too nebulous, you say? But is it? Do we really keep students busy? Do we really probe their aptitudes? Do we keep them interested? Do we teach and exemplify self-discipline? Do we encourage them? If through facts school boys and girls know that smoking really harms the body and curtails life, and if early in life they can be led to find meaning, purpose, and reason to prolong life, surely their bodies will get the best of care. Yes, the classroom teacher has an opportunity and a responsibility to help combat the problem of smoking among our students.

SMOKING AND HEALTH: THE SCHOOL'S RESPONSIBILITY

Louise M. Berman, Professor, University of Maryland

From the title that has been assigned to me -- "Smoking and Health: The School's Responsibility" -- I am assuming the planners of this conference feel that the school does have some responsibility in dealing with current findings about smoking and the relationship of these findings to health. The degree to which the school enters into the problem of changing smoking practices among children and youths is partially contingent upon a local school system's commitment to the health of its young and to the nature of the tasks related to smoking and health other community agencies are performing.

Realizing that I am talking to a group of persons who are far more knowledgeable about the smoking problem than I am, I would like to move to my own area of interest, which is curriculum development and change, and state some assumptions which I believe are relevant to the topic under consideration. Then we shall consider each of these assumptions in more detail.

Assumption One: Creative curriculum development is costly, especially to persons instrumental in bringing about newness or major revisions.
Assumption Two: Any area, including smoking, seeking entrance into the mainstream of the school program needs to be studied in relation to basic questions with which the curriculum is concerned.
Assumption Three: If a new emphasis is to be included in school programs, then procedures to bring about the needed change must be systematic and explicit.

Now let us consider Assumption One.

Creative Curriculum Development Is Costly, Especially to Persons Instrumental in Bringing About Newness or Major Revisions.

Notice that we are concerned with creative curriculum development. Much activity is going on these days under the heading of curriculum development or improvement, but our concern is with that which truly brings freshness, newness, and vitality to the school system sponsoring it. When such activity is found, it can be noted that some of the persons involved are giving something of themselves in time, ideas, and commitment, with a willingness to test out emerging proposals.

Characteristic, too, of curriculum development since the 1960's is the involvement of persons who are specialists in the field undergoing curriculum development or revision. The generalist in curriculum design is finding new ways of working with the specialist. The artist, musician, or scientist are incorporating their knowledge, techniques, and ways of thinking and feeling in the experiences which are planned for school-aged children and youths. The child learns the way the artist, musician, or mathematician goes about his work and can begin to take on the characteristic modes of working with scholars in the various disciplines. The scholar has shared with the child and has given something of himself which, it is hoped, will make the field attractive to the child.

If we apply this principle to the field of health education, and more specifically to those persons interested in smoking education, it means that those interested in helping children and youths deal with smoking in an intelligent manner must let children in on how they go about their work and why. Children need to know more of the research and implications which have been derived. They need to know why some persons continue to smoke despite the available evidence of potential harm. They need to know about the psychological reasons for smoking which are dealt with very well in much of the literature on smoking education. Of course, the various pieces of knowledge need to be shaped to the age and maturity of the child. The cost to persons interested in shaping the curriculum so that children and youths have the opportunity to deal with the smoking dilemma comes about in several ways.

First, the smoking expert must find the best way of entering into the mainstream of curriculum development within the community of which he is a part. This will mean more than disseminating information or developing curriculum guides on smoking. It will mean finding out how curriculum changes come about within the community. It will mean knowing who the persons who are instrumental in bringing about curriculum change are and what the best ways of working with them are. It will mean knowing what is taught at the various levels within the school system and which subjects are currently undergoing some revamping. It will mean discovering ingenious ways of introducing the substance of what ought to be taught about smoking to those responsible for curriculum making, although the material cannot be presented in the same way to all curriculum workers.

In many cases, those interested in bringing smoking and health into the curriculum will need to do a selling job so that those responsible for school programs will see the necessity of teaching about smoking. All of what has just been said is costly in terms of the time and ingenuity of the person interested in getting smoking and health into the curriculum.

A second cost in getting smoking and health into the curriculum is in terms of the examined health practices of the curriculum movers.

Few persons would spend time or money to study with a violin teacher, or a language teacher, or a mathematics teacher, who did not have a reasonable degree of control over that which he was setting out to teach. Why, then, should we expect that persons who cannot control the tobacco habit set out to teach our youth about it? The literature about smoking and health deals with this problem in detail, so I do not feel the need to dwell upon it. I would like to make a case, however, for leadership in smoking and health to base their own stand upon examined values rather than tradition. As much as it would make it simpler if we could ignore the concept of the model or the exemplar, I feel it is still a very potent concept when it comes to attitudinal changes in our children and youth.

Now let us move on to Assumption Two.

Any Area, Including Smoking, Seeking Entrance into the Mainstream of the School Program Needs To Be Studied in Relation to Basic Questions with Which the Curriculum Is Concerned.

Those persons who are responsible for developing curriculum within the school often have dual competency. One area of competency lies in a specific subject matter area, such as social studies, English, or mathematics. Another competency lies in the area of principles of curriculum development. Although I have no figures to support this statement, I do believe that we have many more persons in such areas as social studies, science, or mathematics, who have the dual kind of competency mentioned earlier, than we do in the area of health education. If persons in health education are to have the dynamic impact upon the curriculum which is necessary if we are to provide school programs that develop healthy bodies as well as healthy minds, then more persons in the field of health education need to become conversant with matters of general curriculum. This is particularly so if we are interested in having information and attitudes relative to smoking communicated in various areas of the curriculum.

For example, the health educator needs to be very well aware of the problems approach to curriculum development so common in many elementary schools. How are problems defined? How are new issues introduced into the elementary curriculum? The health educator needs to know about the core arrangement which is common in many junior high schools. Which subjects might be taught together? What elements of the subjects are particularly pertinent to junior high school children and youth? How can concepts relative to health education permeate a core program in social studies and English? At the secondary level, all need to be concerned about what should be included in the high school curriculum. How can we select from the vast area of knowledge available today those topics and subjects most pertinent to the adolescent?

What about the trend toward the middle school? If a special curriculum is developed for children in grades 4 to 8, what should be the essence of the curriculum? How can health educators have a stronger hand in shaping the curriculum of the middle school?

As I prepared for my time with you today, I went through several courses of study on smoking education. In these courses, I found some extremely interesting ideas relative to teaching school-aged children and youths about smoking and its problems. I wondered, however, how many children would be exposed to this material. My hunch is that unless a school has a class labeled "Health Education," and that within this class there is a section on "Smoking Education," this material will not receive a very widespread hearing. It would be better, it seems to me, if the same material could be taken and ways found to introduce it into the ongoing subjects which are commonly taught to our children.

One Way of Introducing Concepts About Smoking into the Curriculum. School learning should lead an individual to assume responsibility for his own mental and physical health. This means that the schools are responsible for teaching children ways of developing such health. This can partially be achieved through teaching individuals certain process skills. I would like to make certain assumptions about the person and then discuss with you briefly specific processes and their relationship to smoking education.

The first assumption is that children must be taught to use their time intentionally. Moments must be used in deliberate ways. This does not mean that the teacher's task is to pack each minute with something for a child to learn. Intentional use of time does mean, however, that children need moments to socialize, to reflect, to think, to synthesize and pull their learnings together. Intentional use of moments also means that children are aware when they are engaging in practices which will lengthen or shorten their lives.

A second assumption is that thinking and feeling must be treated as a cohesive whole. I think this accounts for the reason why we have seen little change in smoking behavior despite the vast amount of research and information that is available. The material which points out the hazards of smoking is ordinarily presented in a rational, logical manner. The advertisements for smoking are colorful and persuasive. If we are concerned that our children do not smoke, our counterattacks on smoking must be presented in as colorful a manner as the cigarette ads are. I will not dwell on this point because, again, much of your literature discusses in some detail the problem of mass media. I would urge, however, that as we present material about smoking to children, we realize that they come to school feeling and thinking simultaneously.

A third assumption is that if children are to develop good mental health, they must develop an internal integrity. If we relate this concept to smoking, it means that adults and children must deal with the problem in open and honest ways. When children try to hide their smoking practices, they risk poor mental health as well as poorer physical health.

Now, what are some of these process skills that ought to be receiving more attention in the curriculum by health educators as well as others? Let me just list a few, and I would call these critical priorities in the curriculum.

1. Perceiving. Perceiving is a critical process skill, for a mode of perception underlies much human thinking and behavior. How do we go about helping children perceive what is actually there? How do we help children correct false kinds of impressions which they consistently take in?

   We must ascertain how children perceive if we are going to change smoking practices. How do children perceive a smoker? How do they perceive a nonsmoker? How do we go about changing perceptions that children have of the smoker and nonsmoker?

   One technique that teachers might try would be to ask children to make two columns on their paper. In one column, children might list qualities they like about a smoker; in the other column, they might list qualities they dislike about a smoker. After children have had the opportunity to list qualities in each of these columns, teachers might see what they can do to help children rearrange the items when such reclassification seems appropriate.

2. Communicating. Here we are concerned with the sharing of personal meaning. Communicating in many school systems means teaching children to listen, to write, to enjoy literature, to read. We are concerned, however, that children and youths learn to share with each other what they are really thinking and feeling and experiencing rather than learn only speed or comprehension in reading or writing. If we relate this concept to smoking, we can find many topics of conversation for children and youth; i. e., children might share with each other why they think they would like to smoke or why they will probably not smoke; youths might compare with those older than themselves reasons for smoking or not smoking. Adolescents might share with many in the adult world and among their peers what mass media are communicating about smoking. In all this kind of sharing, emphasis

should be upon honesty and integrity between adult and child, and child and child. We must remember that integrity is a two-way street. Some adults do not permit children to be honest without the threat of punishment. It is in the area of smoking and communicating that integrity can be fostered.

3. Knowing. Knowing has been defined in a multitude of ways. For our purposes, however, we might think of knowing as the transforming of ideas, or as the metamorphosis of ideas. Such a definition would imply that knowing is not additive in nature -- but rather that knowing is a transformational process. If we accept this definition, it means that as a child encounters new facts, information, and knowledge, his old learnings are changed. This kind of a definition has many implications for those interested in smoking education.

   It means that many ideas in English, math, science, physiology, and other school subjects might be transformed as new knowledge about smoking enters the curriculum. Those persons who are interested in seeing that smoking education does enter the curriculum might be interested in examining school programs in various subjects to see where some of the new knowledge in smoking has implications for what is currently being taught, and where what is currently being taught needs to be changed in light of what we know now.

4. Decision making. As we study the literature relative to smoking, we find much emphasis upon the decision-making process. This process probably should be given more attention as we consider how to get increased change in smoking habits through curricular experiences. Perhaps children should be given work in the formal steps of the decision-making process, steps such as identifying the nature of the situation necessitating a decision, considering as many alternative choices as possible, weighing the possible outcomes if the decision is made in a given way, selecting among the alternative ways of making the decision, evaluating the outcomes of the decision, analyzing the procedures used in making the decision, in order to modify or deliberately utilize the procedures of the process at a future time.[1]

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[1] Louise M. Berman. From Thinking to Behaving: Assignments Reconsidered, New York: Columbia University Teachers College Press, 1967, pages 57-58.

Children, too, need help in learning to accept the consequences of decisions, and they should know how to bring about changes in the decision-making processes. Role play situations in which the central character is dealing with a smoking problem are examples of a way to teach decision-making skills. As children learn the art of decision making, they will learn that many decisions are made intuitively, but that persons later go back and analyze the result of the decision. This understanding might be applied to smoking through asking children to describe what led to the first decision to smoke. Was it an intuitive or a logical decision?

5. Patterning. If we in the schools were to give more attention to how children pattern and sequence their experiences, we would teach far differently. Ordinarily, we teach children to learn the information that others have already patterned, systematized, or sequenced. How different our teaching would be if we taught children to make a design of their lives rather than designing their lives for them as we now do! If we were to do the former, we might raise questions with children; i. e., we might ask them whether they want to weave into the design any patterns of behavior which will ultimately mar the design. We might teach children to look for wholeness in the patterns which they make.

6. Creating. One of the ways in which smoking education might receive a hearing in the schools is through relating it to the creative process. The adolescent who does not smoke is different. The creative person is different. Unfortunately, the creative person, in his adolescent years, is usually out of step with his peers, who require conformity for acceptance. Nonsmoking and creating have some common elements for high school adolescents, and we must help high school youths to respect the marcher who marches in step to a different drummer.

7. Valuing. It is in the area of values that much can be done in smoking education. Of course, values permeate much of the curriculum. Values are given attention in the areas of English, social studies, language art, and many other school subjects. Here we must be concerned about the worth of persons, the worth of the person to himself and others. We need to be concerned about the nature of commitments and the sacredness of life. We need to be concerned with the realities of a situation and what they mean for a person's ethical behavior. We need to help persons see ethical

behavior on a continuum. An individual needs to know about the nature of authority and what it means for ethical practice. Obviously, in a society which is as complex and diversified as ours, the teaching of values is highly critical and difficult.

If the area of valuing is to be taught so that it makes a difference, we must look for large wholes to deal with in the curriculum. For example, it would make sense to permeate the curriculum with concepts related to health education in general instead of those related only to smoking education. Children and youths must learn that their bodies are things for which they must assume responsibility, and they must be concerned not only about the effects of smoking, but also about the effects of food, drink, coffee, mental stress, home life, sleep, exercise, and many other areas. In addition, they need to be concerned about learning the place of decision, of values, of creating, of integration of purpose, of commitment, of integrity in their lives. Global kinds of topics lead the way to a more pervasive look at self than topics which deal only with more minor topics. Hence, we would return to the original statement that we made, that each individual is responsible for his own mental and physical health. I venture to say that those interested in mental health have done a better job of permeating the curriculum with mental health concepts than those interested in physical health. What can be done to help those who are interested in physical health? How can we get more concepts from the area of physical health, including smoking, into the curriculum?

If a New Emphasis Is To Be Included in School Programs, Then Procedures Needed To Bring About the Change Must Be Systematic and Explicit.

Let me list for you some ways that I see health educators working with the schools in order to make a difference in the attitudes of children and youths toward smoking. Many of the statements in this conclusion have been made earlier, but I am reiterating them for later discussion, amplification, and questioning. Let me list several items.

1. Continue to do as this current leadership group is doing; i. e., involve curriculum workers, social scientists, psychologists, and others interested in the behavior of children in examining the research about smoking and seek implications for school projects.

2. Continue to disseminate recent research information about smoking.

3. Encourage those in the medical profession to put some of their concepts into terms which can be understood by the practicing educator. Ask them to discuss theories and research in medicine which have implications for what we do in teaching about smoking in terms which we can understand.

4. Examine the role of authority in dealing with a smoking problem. Educators have tried not to be too authoritarian in dealing with school subjects, yet the medical practice leaves little in the way of decision making to its patients. Should educators be more authoritative in recommending school practices?

5. Prepare some persons who have backgrounds in health education to become generalists also so that they can work with the generalist in getting concepts about smoking into the curriculum at appropriate places.

6. Design a total curriculum based upon health concepts. The mental health people have done much more about seeing that concepts for mental health have been built into the curriculum. One way of insuring that concepts from health permeate the curriculum is to try to design an ideal curriculum where the foundation consists of concepts about health.

7. Design hypotheses for testing various theories related to getting information about smoking into the general curriculum field.

8. Study curriculum proposals of various local systems. Try to find ways that information relative to smoking can be fed in.

9. Find an organizing center which is broader in scope than smoking. The problem with our schools is that our organizing centers have not been broad enough in scope to be treated in a variety of ways by teachers. We must realize that our children have varying interests, competencies, and backgrounds. Therefore, organizing centers must be broad enough in scope to accommodate a variety of methods. This concept might mean that as persons interested in health, we need to be more concerned with the topic of developing healthy bodies than with the topic of smoking.

10. Give attention to the processes of change as well as to the content that needs to be fed into the curriculum. Study the change process in places where change has occurred. We

might identify communities where persons have been successful in filtering in information about smoking, and then see how such procedures could be followed in other communities.

11. Study curricular innovations which have been successful in other communities. Why have they been successful? For this purpose, I would recommend Matthew Miles' book Innovations in Education.

12. Study the roles of state departments, universities, school systems, publishers, and other organizations in getting new insights into the curriculum. Try to decide who should do what.

13. Find a means of identifying the rate of change in a given community. Begin projects in communities where the rate is rather rapid. Keep records of how changes come about. Perhaps contrasting studies might be conducted in one community where the rate of change is accelerated and in one where the rate is slower.

14. Try to work with the mass media on their advertising. See if it is possible to get a station to advertise only products that are good for health. Compare the purchase of such products when advertising is involved and when it is not.

In conclusion, educators interested in smoking are teachers. Teachers must be concerned with the pupil, where he is. If we consider all the rest of those who work in the schools, including administrators, teachers, supervisors, curriculum workers, as pupils and consider the health educators as teachers, we must communicate to the latter population that they must start with pupils where they are. This will mean that health educators must look for multiple entries into curriculum work. It means that health educators must become generalists as well as experts in curriculum development. When this happens, perhaps the desire of the leadership group gathered here will become a reality.

BEHAVIORAL ASPECTS OF SMOKING

Daniel Horn, U.S. Public Health Service

There are many different things to cover when you start to talk about the behavioral aspects of smoking; I might start by saying that one of the most important reasons for doing the work we are doing in smoking -- in addition to the serious health effects -- is that we have many public health problems facing us today that are different from those that faced us years ago, and these are the problems that revolve around the abuse of what I like to call gratification behavior. Certainly the problems involving the control of alcohol, drug abuse, overeating, accident risks, and so on all have a great deal in common with the problem of cigarette smoking. Perhaps what distinguishes cigarette smoking from all of these others is that the relationship is less obvious, and what has been accepted as a level of normal use for the past 40 to 50 years has turned out to fall within the framework of what we now realize is abuse in the sense that it produces serious health hazards. If we learn how to control cigarette smoking -- how to get substantial numbers of adults off smoking and reduce the rate of take-up among children -- then I think our ability to cope with many of these other problems involving the control of gratification behavior will become much more sophisticated. Mind you, I am not against gratification -- I am all for it. It is just that gratification ought to be held within bounds that do not cause serious damage to the individual or to other individuals. And to achieve this kind of proper balance between one's personal desire for gratification and the effect on oneself and one's community or other people is really the challenge that we have.

For many of us who have been trying to do something about this toll of death and disability that results from cigarette smoking, the reports of cigarette sales are pretty discouraging, and we are constantly seeing headlines and announcements that more cigarettes are being sold this year than last year; this has been true most of the time except for brief periods in 1954 and again during 1964. Yet, there really is no need to be discouraged by these figures because they do mask a rather significant amount of change that has taken place. When the early reports which linked cigarette smoking to lung cancer first gained prominence in the public press -- 1953 was really the first year in which there was much in the press on this subject -- cigarette consumption was increasing even on a per capita basis at the rate of about 2 2/3 percent per year. Now, this was per capita consumption so that, even allowing for the increasing population, there was still an increase. And this per capita increase was due largely to the increasing rate of the taking-up of smoking by successive generations of women from about 5% of those born before 1890 to well over 40% of those born between 1920 and 1930. This figure has been increasing even among those born in subsequent years. Among men, the rate of having taken up smoking was appreciably lower in those born before 1900, although subsequent generations had pretty much leveled off by the year 1955. As a result, with our rapidly expanding population and with proportions of smokers increasing more among the younger adults than among the elderly, there was this built-in increase that even widespread dissemination of knowledge about the harmful effects of cigarette smoking could not overcome. It is interesting to note that if the annual rate of increase in the per capita consumption of cigarettes that took place from the post-war years of 1947 until 1953, when the evidence on the harmful effects of cigarette smoking started being disseminated, had continued through 1966, the total U. S. consumption of cigarettes during 1966 would have been 706 billion cigarettes instead of the 541 billion that was reported by the Department of Agriculture. In other words, actual consumption was approximately 1/4 less than it might have been if it had not been for the changes in take-up of smoking and the changes of continuation of smoking that took place during that period. In the 11-year period from 1955 -- which is the first year in which we had really good figures for overall population smoking and portion of the population smoking -- to 1966, we estimate that while the number of adult cigarette smokers was increasing by about 1/6, from about 42 million to about 49 million, the number of successful exsmokers more than doubled from about 7 1/2 million to about 19 million -- really about 2 1/2 times as many -- so that we picked up an extra 11 1/2 million former smokers in the adult population at the same time we were picking up an additional 7 million regular smokers. Our impression about the tremendous number of people who have stopped smoking cigarettes is accurate, but the large numbers of smokers who remain and the large numbers who take it up have created a kind of stalemate: The cigarette consumption has not grown as it might have been expected to grow, particularly by those who had invested in tobacco stocks, but neither have the forces of health been able to accomplish appreciable reductions in the absolute numbers of smokers.

What will it take to break this stalemate and bring about the kind of rapid decline of cigarette use that is necessary to reverse the ever-increasing death and disability rates from lung cancer, chronic bronchopulmonary disease, coronary heart disease, and other diseases produced or aggravated by cigarette smoking? Two years ago at the American Public Health Association meetings, we presented a paper which attempted to organize and place in their proper perspective the many facets of human behavior which seemed to be involved in the great paradox of continued cigarette smoking despite the overwhelming evidence of its harmfulness. The research since that time has served to support the utility of the model which we proposed and has resulted in a number of refinements, alterations, and extensions. Basically, the model that we proposed concerned itself with four areas. This model, by the way, referred to the adult population and concerned itself with the question of changing smoking habits. Later we extended this to the problem of taking up smoking. So first, you have the question, "What reasons do people have for wanting to change their smoking practices?" Secondly, you have the perceptions and the misperceptions of the threat to health which are posed by cigarette smoking and how these influence the change of smoking behavior; third, the gratifications provided by smoking -- its psychological utility; fourth, the external forces which support or impede changes in smoking, ranging from those which alter the desire to change to those which make it more difficult to succeed when an attempt to change is made. Perhaps the real contribution of this model has been to stroke a meaningful balance between oversimplification of the problem on the one hand and an exaggeration of its complexity on the other. It is clear that all of these dimensions play an important role, not only from the point of view of the behavioral scientist, who seeks to unravel the mysteries of the problem, but also from the viewpoint of the smoker who seeks to understand his own behavior.

Over the past few years, it has become quite clear that most of the people in the United States, and even of the smokers in the United States, are aware of the fact that cigarette smoking is a health hazard. About half of current cigarette smokers would like to quit or sharply curtail their smoking; about 2/3 would like to make some kind of change in the direction of reduction of smoking; and 5 out of 6 are unhappy or uncomfortable about their smoking in one way or another and would at least consider the possibility of change. Now, these are rather startling figures. One-half of current cigarette smokers, and again we are talking about adults here, would like to quit or make a sharp curtailment in their smoking. Two out of three would like to make some kind of change in the direction of reduction of smoking, and 5 out of 6 are unhappy or uncomfortable about their smoking and would at least consider the possibility of change.

If that is the case, and there is a great deal of evidence to support it, why don't more people do something about it? At the present time, we estimate that 5 million adults a year make some kind of effort to give up cigarettes. Of these, about 1 million succeed. This is far short of the 5 out of 6 or even 2 out of 3 or even the one-half of the 49 million smokers that I have been talking about. I suspect that the answer is rather simple. Despite the flood of information on the effects of cigarette smoking, the average smoker has spent very little time and very little energy thinking about the problem. Those groups in which this statement is not true are the very groups in which smoking is at an all-time low -- physicians, health workers in general, professional people, business executives, college graduates in general. In the national sample of smokers whom we interviewed in 1964, with an interview that averaged 90 minutes in length, a very common comment was, "I've never spent so much time thinking about cigarettes before this." That this experience might have affected their subsequent behavior is suggested by the fact that the giving up of smoking within just the next 20 months for those in the group whom we were able to reinterview in 1966 was about twice as high as in a comparable population who had not had this previous interview experience. In other words, just the business of spending a half-hour interviewing you on what you knew about smoking, how you felt about it, what your thoughts were about it, what your practices were, what you wanted to do about it, and so on, was apparently enough of an experience to double the rate of giving up smoking over the next 20 months. If our analysis of this problem is correct, then one of the major efforts in working with adults is to get the cigarette smoker to think about his smoking, and that is a serious problem. Now what is the implication of this for youths who smoke? You cannot divide the two problems. They both affect each other, and to deal with one and to ignore the other is not only to miss half the problem, but really to miss the boat as far as dealing with the other part of the problem is concerned. You cannot solve the problem by changing the rate of take-up in youngsters smoking. One of the primary reasons for the taking up of smoking is obviously that it is considered an adult form of behavior, and therefore, the more you make this an adult form of behavior, the more attractive you make it to the nonadult and the more difficult you make it to keep the youngster from taking it up. Let me go back to the four factors that I spoke of that one has to consider whenever one wants to talk about the problem of change in smoking behavior in the adult.

First, I spoke of the reasons for wanting to change smoking behavior. Originally, we called it the motivation for change. I am not sure motivation is a good word to use here -- I think perhaps what we are dealing with is a system of values in which we are talking about the extent to which this form of behavior fits in with one's personal values or the extent to which one's personal values are in conflict with some of the end results of smoking. Certainly in the light of current knowledge of the effects of cigarette smoking on death and disability, we think of health as the only factor that determines whether or not an individual tries to give up smoking. There are a number of other broad classes of reasons that are important in the desire to change smoking. One of the clear-cut ones is the exemplary role which is typified when one gives up smoking in order to set a good example for his children. Originally, we thought economics was a broad factor, but the research that we have done suggests that economics as such does not operate as a general factor (although certain facets of it may be important for some individuals). We know that in England, for instance, economics -- the cost of cigarettes -- comes out as a very clear-cut factor that is significant, but somehow in this country, the cost of cigarettes is relatively small compared to the amount of disposable income available, and so it does not seem to operate as a unitary kind of factor, even though it may be important to some people. Aesthetics, the unpleasant aspects of smoking, again comes out as a clear factor for change in a significant number of people. And finally, mastery or the ability or inability to exert intellectual control over one's own personal habits may be more threatening or more rewarding than the danger of death and disability which lead to the attempt to give up smoking in the first place. Whether or not you can control your behavior may be more important to you than the effects of the behavior to begin with.

Nevertheless, it is very obvious that it is the health information which is really the significant area that has produced the change in the last fifteen years in the reasons for wanting to give up cigarette smoking. Here we have gone to the question of how one perceives this threat and what the influences are. We have leaned very heavily on the model for reaction to a threat that was first presented by Hochbaum and has been modified and extended by Hochbaum and Rosentot and others. Whatever the stated reasons for anyone trying to give up smoking, certainly the way in which one perceives this as a threat to one's health has to be an important factor. We can see at least four necessary conditions for engaging in self-protective health behavior as a part of the perception of this threat. These conditions are, first, an awareness of the threat. Obviously, you have to be aware of a threat or you won't react to it. And this is what we refer to when we say that people in this country are aware of the fact that cigarette smoking is hazardous. However you phrase it -- however you ask the question -- it certainly is clear that at least 80 percent of the smokers and 90 percent of the people in this country are aware of the fact that cigarette smoking is a health hazard.

The second aspect is accepting the importance of the threat. Now, it is one thing for something to be a threat; it is quite another matter for something to be an important enough threat to make a difference in one's behavior. Here we find there is a great lack of acceptance of cigarette smoking as a threat of sufficient importance to warrant the investment of energy that it takes to change behavior -- because changing behavior does require an investment of energy. During the month of February, all the mail trucks in the United States will be carrying posters that say, "100,000 doctors have stopped smoking cigarettes; maybe they know something you don't." This poster will have a great deal of visibility because there are an awful lot of mail trucks in the United States. The point of this poster is to deal with this question of importance. The implication is that this many, and this is a large number of physicians, have considered it important enough to change their smoking behavior on the basis of their evaluation of the problem; therefore, perhaps you ought to consider it important enough to do something about. You see, it is a little different from simply making people aware of the fact that smoking is bad, or harmful and so on. It moves one step beyond that. It is important enough to do something about -- important enough for an individual to take an individual action. And this is one of our lacks -- the importance as opposed to the awareness.

The third condition in the perception of the threat is that of personal relevance. The individual who says, "Nobody in my family ever got cancer; therefore, I can't conceive of my getting cancer from smoking," is laboring under a misunderstanding and a misconception, but the point is that it can be a very powerful way of protecting himself against change. The person who says, "Well, it takes two packs a day, and I only smoke 39 cigarettes a day," or "You have to smoke for twenty years, and I have smoked only 18 years, and I have a year and 364 days to go before I have to quit" -- he is looking for a way of protecting himself against accepting this as having personal relevance. It means the other guy, it doesn't mean me -- so that unless there is this element of personal relevance, you don't get action. I might comment on this -- this is not only a very powerful element in the perception of the threat, but it is also a dangerous element in the perception of the threat because one of the things that we have some evidence on now is that the higher the personal relevance of the threat is, the more likely one is to consider changing his smoking and even to try to do something about it. But if the personal relevance gets too high, then there is an actual lowering of the success rate in giving up smoking, and it looks as though this is the area in which producing too much anxiety will interfere with the possibility of success in the change of behavior. Thus this is a pretty delicate area to work in. It is a matter of how close the personal relevance is to the development of personal anxiety about this, and the question is how much anxiety you can build up. It is rather interesting to see the way it helps in certain parts of the problems and in certain stages of reacting to the problems, but it interferes with the success in other stages so that it is a tool that has to be used with great care and with great caution. It is important to be sure that it is being used only when you have sufficient control over it to know that it will not interfere with success in giving up smoking (even though it may be useful in increasing the desire in giving up smoking).

The fourth area is that of susceptibility of the threat to intervention. And here you have two quite different aspects of it. Obviously there is not much point in worrying about a threat if there isn't anything you can do about it. On the other hand, if there is something you can do about it, or if there is some value in doing something about it, then it becomes something you can consider. These are the two subdivisions of the susceptibility of intervention. One is the value of changing behavior -- is it worth it to give up smoking? -- and the other is are you capable of giving up smoking? Now we know that about 15 or 20 percent of people who smoke cigarettes feel that they are incapable of giving up smoking -- that it would be so very difficult for them they just don't see how they could do it. For this group of people, obviously, any kind of message that is aimed at increasing their desire to give up smoking is only going to increase the conflict that already exists because they feel they are incapable of doing this. On the other hand, the other 80-85 percent of the smokers feel that they are capable of doing it. Some feel that it would be very easy to do; some feel it would be very difficult to do; and there is the whole gradient in between. The point is, the smoker has to feel it is something that is within his capabilities, or this is no solution to the problem. The other aspect is the value of giving up smoking. And with the report, *The Health Consequences of Smoking*, which was published last August and beings up to date the current epidemiological knowledge on the subject of smoking, we have a much clearer picture of the value of giving up smoking than we have ever had before. There is very clear-cut evidence now that not only does the likelihood of lung cancer stop increasing; it actually decreases in a population that has given up smoking. There is also a good deal of evidence to suggest that the same things happen where heart disease is concerned. For the chronic bronchopulmonary diseases, the evidence is that, although the damage that has been done by smoking cannot in large measure be reversed, at least there is no increase in the amount of damage so that there is a stabilization of loss of respiratory function at the level at which the giving up of smoking takes place. There is no progression of the disease. Thus we have several different kinds of benefits from giving up smoking, but these are very clear and very significant health benefits. This is again an area that is particularly significant in getting people to want to give up smoking because, obviously, unless the smoker feels that it is worth it to give up smoking, he is not going to invest the energy that it would take to do it. However, the likelihood of succeeding in giving up smoking is closely related to the smoker's estimate of his own capability of giving it up -- and the more capable he feels he is, the more likely he is to be successful. So it is important for him to have a certain amount of confidence in his ability to give up smoking.

Well, I have gone into this in some detail because one of the serious questions that all this raises about the problem is, just what role does knowledge play in this question of behavior change? It is a fairly complex role because the behavior change itself is not one unit. There is a whole process that goes on when one changes behavior. One has to consider whether or not he is going to change. One actually has to try to change, and one has to be successful in giving up smoking. Certainly the problems that one encounters in giving up smoking over the first few weeks -- the short-term problems -- are different from the long-term problems. During the first few weeks, personal gratifications are very important, whereas over the long haul social supports and the environment in which one exists and the temptations to which one is subjected can become much more important than personal gratifications. But the point is that one can break down this kind of information and see the extent to which different facets of it play a role in different parts of this whole process of trying to change smoking behavior. Again, it goes back to the statement I made before -- that somehow one has to find a position between the oversimplification, on the one hand, which says, "Well, if you can only convince enough people that smoking is a terrible thing, you'll achieve success," and the overcomplexity, on the other hand, which says, "Everybody has to go to a psychiatrist and be psychoanalyzed in order to change his smoking habits." And neither of those is either a practical or a useful solution to the problem. The solution lies somewhere in between; how do you zero in on just where the problem lies?

Forty-nine million adult Americans wouldn't be smoking cigarettes if they didn't get something out of it. This is not a mass hypnosis on the part of advertising. Cigarette smoking has built up because people do derive some utility from their smoking. Now, how much of it is inherent in the smoking, how much of it has been learned, and how much of it has been induced doesn't really matter. The point is that you have to admit the fact that people use their cigarettes for something, and where I think we have made great strides is in recognizing the variety of uses to which people put their cigarettes. The basic distinction that Tompkins drew was between those who smoke to increase positive feelings, those who smoke to reduce negative feelings, and those who smoke without any emotion or feeling connected with it. And these three different types of smokers are quite unique and pose quite different problems.

We have subdivided those in the first group (the ones who smoke to get something positive out of it) into three quite different categories. Persons who actually find that the cigarettes stimulate them (help them marshall their forces and so on) constitute perhaps 10 percent of the population of smokers. But for these people, the positive stimulation is a significant factor in their smoking. It helps them wake up in the morning; it helps them pull themselves together and move in the direction in which they want to go. It may have physiological ties. We are doing some research that is aimed at seeing whether these are people who respond to the cigarette in certain ways which change the blood pressure, the blood sugar, and so on, in a consistent fashion.

Then you have the people who use cigarettes for sensory motor manipulation. They enjoy having something to manipulate. The ideal example of that, of course, is the pipe smoker who spends more time manipulating the pipe, the matches, the tobacco, and everything else about it than he does smoking his pipe. But this also occurs with the cigarette smoker. I know I handle a pencil -- I doodle and so on -- and I guess this is one of the things I probably got out of my smoking when I did smoke.

Then there is the person who smokes for positive relaxing pleasure.

Now this kind of positive pleasure is different from the pleasure which results from the reduction of tension or the reduction of negative feelings. The distinction perhaps can be drawn by asking two different questions. One question is, "Do you usually smoke when you are comfortable and relaxed?" The first is characteristic of the traditional cigar smoker who has just finished a good meal, leans back, maybe has some brandy to sip and lights a good cigar. This is part of the increment of enjoyment of pleasure and relaxation, as opposed to the individual who is all upset, reaches for a cigarette, lights it, and calms down to the point where instead of shaking this much he only shakes this much. It is the difference between using the cigarette in order to feel good and using the cigarette in order to keep from feeling so bad. These are very different, and I am sure you recognize that people use a lot of other things in the same way. Certainly eating is used this way. The compulsive eater, when he or she is upset, starts stuffing food into his mouth; then there is the person who enjoys and savors each mouthful of good food. It is rather interesting that, although we are talking about six different kinds of gratification derived from smoking, this pleasurable relaxation is really the only one you ever see advertised. It probably characterizes less than one-third of the smoking population but if you were to watch the advertisements, you would think this was the only reason anyone ever smokes. And two-thirds of the people do not smoke for this reason.

Then there is the person who smokes without any affective component at all. This probably characterizes another 10 percent of smokers. Here you are talking about a pure habit pattern with no emotional component. It may be that it takes quite a while for this to develop. This is the individual who has two or three cigarettes burning in an ash tray simultaneously. He does this not so much because he is upset and nervous but because he simply doesn't think enough about his smoking and doesn't get enough out of it to be aware or conscious of just what it is he is doing. This is the person who can stop smoking very easily. But he does have a whole series of habit patterns that he goes through in smoking, and he is more or less in a rut.

Then you have what Tompkins called the "psychological addiction." This is a fairly complex pattern and involves a combination of both the increasing of positive effect and the decreasing of negative effect. This describes the individual who starts out using the cigarette as a tranquilizer -- which is a good analogy for the negative-effect smoker -- but then finds that he develops an attachment to the cigarette itself. In a sense, the cigarette becomes the loved object, and the cigarette itself is a positive-effect producer. So here you have a sequence: You have a person who smokes, and the moment he stops smoking, he begins to develop a growing desire for the next cigarette. The key word to psychological addiction is craving. This is the individual who, when he is not smoking, misses the cigarette, and the extent to which he craves the cigarette is a direct indication of how long it has been since his last cigarette. You see him in the theatre because he is "on his mark, get set, go," as the curtain comes down so he can dash out to the lobby to light a cigarette. It's not that he wants to get away from the seat, not that he wants to stretch his legs, not that he wants to engage in conversation about whether or not the play is any good; it is because he has gone for 30 or 40 or 50 minutes without smoking a cigarette, and that is a long time. This is the individual who starts to go to bed, puts his clothes back on and drives out because he realizes he has only one or two cigarettes left in the house and he can't stand the thought that he might be left without any cigarettes when he wakes up in the morning. This is a difficult pattern to deal with, and it is one of the real problem areas. It is not very common in youngsters. It is something that develops over a period of time. It takes time to develop an addiction -- a psychological addiction. To the best of our knowledge, there is no physiological addiction to cigarette smoking. If there is, it applies to so few people that it is not a significant part of the problem. I say this is to the best of our knowledge. This is based on the fact that you can inject nicotine and some of the other substances from cigarettes into monkeys, and they will tolerate very large quantities and react to it. When you take it away very suddenly and sharply there are no withdrawal symptoms. Monkeys do not become addicted to nicotine. Obviously, we can't do the same experimentation on humans. But it is very clear that if nicotine is addictive, it is at a level that is very limited, applies to just a few individuals, and so on, and is not a major part of the problem. It is the psychological addiction, psychological craving, that is learned and, therefore, takes time to develop.

Smoking is learned behavior. This possibly, just possibly, could be a stimulation effect which may be tied to physiological reaction, and this is one of the things we are trying to find out. But basically, one learns what he gets out of a cigarette; he is not born a cigarette smoker. Most people find the first few cigarettes they smoke distasteful. They start to smoke for a variety of reasons, many of which are social in nature. But they learn these psychological utility functions from the cigarette. They develop the ones that are meaningful to them and that they may need to develop. One of the problems is how to provide other ways for them to solve some of their utility problems without using the cigarette. Obviously, we don't want to push them into something that is worse. I understand that one of the favorite jokes in the tobacco industry these days is that 25 percent of the kids in San Diego have given up smoking and have gone to marijuana. Since San Diego is so close to Tijuana, I suppose the availability factor is a lot stronger than it is for most high school kids.

Well, the fourth area that we are talking about in the model is the social factors -- the environmental factors that facilitate or inhibit continuing reinforcement. The most significant role this has to play in the person who is giving up smoking is in terms of reinforcing his ability to stay off smoking; it probably has more to do with long-term success than anything else, although it may play an important role in giving up smoking. Certainly, if one is surrounded by people giving up smoking, he may be encouraged to do likewise. But to be able to stay off smoking is a rather difficult chore if there are a lot of people around who are antagonistic to the idea of giving up smoking.

Now, how does all of this apply to the person who is taking up smoking? What happens when we ask the same four questions that we asked of adults? First, "Why consider initiating this behavior?" Certainly, it is obvious that there are a number of reasons for the initiation of smoking that have been cited by children who have been asked or that have turned up in studies to identify the characteristics that distinguish those who take up smoking from those who don't. These include exploration and curiosity, the emulation of adults, conformity to peers, rebellion against authority, identity searching, and immediate gratification. Obviously, the educational implications are that it is important to reduce these as motivating forces either by reducing the importance of these factors or by increasing the attractiveness of the alternative behavior, which, in this case, is being a nonsmoker. If the adults who are admired and the peers to whom one conforms are nonsmokers, then the action is in the direction that we prefer. One of the points one has to recognize in the taking up of smoking is that sometimes it is the taking up of smoking that represents a decision on the part of youngsters, and sometimes it is the not taking up of smoking that represents the decision. In many cases you have not so much decision-oriented behavior as a kind of drifting into this form of behavior as a result of the social pressures on the person. Therefore, the changing of social environment can help to deal with this.

Probably the most difficult problems that we face in this area are to provide the proper perceptions to deal with identity searching and immediate gratification. If you find that the cigarette is being used for either of these, how do you find appropriate substitutes, how do you find an appropriate way to gratify these needs? Now, the perceptual question that we asked in regard to the adult was, "How does the adult perceive the threat?" In the case of identity searching, we have to help create an image of the nonsmoker that comes a little closer to filling the young person's aims than his image of the smoker. At this point, we do not even know how children perceive the smoker in all its varieties. How can we minimize the chances of a child being guided into smoking behavior by stereotypes that he accepts with regard to the smoker? In other words, how does the ten-year-old child view a smoker as opposed to a nonsmoker? Does he have clear-cut stereotypes, for example? And are these accurate or inaccurate? Whatever the relationship that exists, how does one create an image of the smoker that becomes less attractive to the child?

In the case of immediate gratification derived from smoking, the obvious need is to counterbalance the gratification provided. Here we have both short-term and long-term negative effects. Now certainly one of the results of the Portland Study that was most significant back in 1959 was the effect of information on long-term health effects of smoking in reducing the rate of take-up of smoking by high school students. But in Creswell's replication of the study done in 1965 and 1966, the results came out quite differently. I think this is very meaningful. He found that the long-term effects of smoking no longer seem to be particularly important in determining whether or not smoking is taken up, and at the same time that short-term effects of smoking do have a much more significant role in both sexes. In 1959 short-term effects were important for girls but not for boys. Both the 1959 and the 1966 studies cited approaches that were permissive in the sense of recognizing that cigarette smoking was an acceptable form of behavior and that one could not simply deride it as a form of behavior. My own guess is that we are seeing here a reflection of the tremendous increase in the awareness of cigarette smoking as a long-term health hazard that came about largely as a consequence of the 1964 Surgeon General's Report, and the long-term effects are no longer a motivating force to youngsters, simply because they are aware of the fact that cigarette smoking is a health hazard, and adding to that information, although it may be important in terms of their knowledge, is not particularly important in guiding behavioral choices.

Now the third area and the question, "How does this apply to children?" We are talking here about the psychological utility of cigarette smoking or the management of affect. Certainly the beginner, the teenager, has many affect problems and many problems in learning how to manage this affect. The new smoker has yet to learn that this form of behavior may help him in managing his emotional problems. Bringing the teenager to a realization of what his emotional problems are and teaching him better ways of handling them than leaning on the cigarette as a psychological crutch would certainly be desirable, but not very easy to accomplish because here we are going into the whole problem of how the teenager develops and learns to handle his emotional problems, and in a sense we are taking away one of the crutches that he may find useful to him. The question then is "What do we replace it with?" If we don't replace it with something that he can use, then we are leaving him without one of his assets. And then, finally, for the new smoker, the environmental conditions that reinforce both the taking up of smoking and the continuation of smoking are probably no different from those that exist for the smoking adult. Although the emphasis may not be the same, the determination of which are important are probably not much different.

The same four dimensions, then, that are so important in the giving up of smoking by the adult have some bearing on the taking up of smoking by children, although the emphases are different, and the individual factors, the individual components, that go into it are also significant. A well-rounded program of intervention would attempt to deal with all four of these and not just with one -- not just with the long-term health effects. You cannot solve a problem by devoting all your attention to just one piece of it, and this is probably more true of a behavioral problem than of any other kind.

Daniel Horn

Ira J. Gordon

ASSOCIATION

MOTIVATION, LEARNING, AND BEHAVIOR

Ira J. Gordon, Professor, University of Florida

I would like to discuss learning, motivation, and behavior, with special attention directed to the paper Dr. Horn presented -- that is, gratification behavior.

As I see learning, it is a function of three things: first, the structure and the organization of the child himself; second, the nature of the immediate learning task -- what it is we want him to learn; and third, the manner in which we present that task to him -- how we go about letting him know what we want him to learn and how he is to learn it.

There are two ways to look at the structure and organization of the child himself, but because I am going to take him apart, please do not think that I see him in two separate dimensions. He is at all times one learner, and these two factors work back and forth on each other all the time. We can talk about the learner in the affective domain and in the cognitive domain. We can talk about his guts and we can talk about his brains, if we want to deal with it in more earthy terms.

His main motivation for himself, as I see it, is to enhance and develop the image he already has -- who he is, what he is, and where he thinks he is going -- or this self-concept, if you will. This original image, this self-concept, is learned early in life (although luckily we can continue to modify it) from the interaction or transaction he has between the body with which he was born and the type and nature of experiences which are provided for him in the home setting, in the culture at large, and particularly in the school. When he comes to us in school, he has developed a view of himself. He maintains certain behaviors he has developed because he sees them as enhancing to his image. Now, we do not have to argue about whether the image is realistic from our viewpoint because it does not matter. What matters is that it is realistic to him and he functions with it. The experiences which he pays attention to are chosen and selected by him. He tunes in and he tunes out, based on the view he has of himself and his world. Values are very central in this process.

One thing that has been disturbing me lately is that everyone keeps talking as though young people consist of just brains and all they are worried about is intellectual stimulation. I am worried about it, too, but I do not think that is where life begins and ends. It is a waste of time to develop school programs that do not deal with values, particularly when you are trying to modify behavior. Values are a part of the child's self-concept; they are a part of his image of himself.

I would like to refer you to a very fine, short article by Barbara Tuckman (who wrote The Guns of August) in the latest American Association for Higher Education publication. This short article is entitled "The Missing Element -- Moral Courage," and is in the publication entitled In Search of Leaders. I think moral courage is a missing element. Sometimes we have been too weak and too afraid to deal with this element in our school programs. For example, I would like to comment on what Dr. Horn said. Earlier, I read his findings on his adolescent study in about 1958-59, and I did not believe him. I was intrigued when he said the replication did not reflect identical results when it was done in 1965 or so. His reason for this lack of similarity in results is the impact of the Surgeon General's Report in 1964. That may be partly so, but I do not think that is the only reason. I think the culture has changed a tremendous amount from 1959 to 1965 with reference to what is considered acceptable behavior. I guess I feel very strongly about this because I have a couple of teenagers, one of whom leads an electric guitar band. The psychedelic music is a little too much for me. I was watching the Perry Como Show recently. He had as his guests the "Jefferson Airplane" group playing psychedelic music. It was very interesting to watch this on the Perry Como Show because when you get on his show you are a member of the establishment. It means that this kind of music and all the psychedelic overtones of it are now an acceptable part of the culture. Our concerns about what is art and where art stops and foolishness begins; and our concerns about what is pornographic are all related to cultural changes.

One of the reasons youths do not worry about what life is going to be like when they are fifty is that they are living in a time which has, in effect, taught them, as the ancient Romans learned -- eat, drink and be merry, for tomorrow you may be in Vietnam or someone may drop a bomb. You live, then, for immediate gratification, and you have somehow lost the stable element. This element is not simply moral courage. It is not very scientific to talk about moral courage, but if we want to cast it into more behavioral terms, it is the inability of youngsters, and adults, in our society to know how to delay gratification. The delay of gratification requires that we know how to let something go today and work for something else tomorrow. I think this is a major problem. Smoking behavior, drinking behavior, marijuana behavior, sexual behavior, and locking-out-people-off-of-campus behavior are all symptoms of the same fundamental problem as I see it. To me, gratification behavior is closely related to values. It means we must deal with the value systems of people in any program to modify behavior. Values transcend information, facts, and cognition. I think again of what Dr. Horn stated as his motto. There are a great many ways in which the individual protects himself from hearing information, and there are many ways he protects himself from utilizing information, even if he has heard it.

Our jails are full of people who can recite the Ten Commandments. Knowing and doing are not necessarily the same thing at all.

The youngster's self-concept includes all of his values -- what is right, what is acceptable, what is allowable, and what is permissible, as well as what he is willing to allow and accept in the behavior of others. His self-concept also includes his image of his body: what he thinks his body is, how it should be used, how it should be abused, and how long it will last before it wears out. We cannot deal with facts without trying to understand, particularly in the adolescent junior high school youngster, what his perceptions of his body are. How does he feel about his body? And I would think he probably looks at his body quite differently from the way we were taught to look at ours. The whole business of interpersonal adequacy and of being "with it" is critical in this.

Pearline Yeatts did her doctoral study on developmental changes of self-concept in students in North Central Florida, using my "How I See Myself" scale. Two things showed up. One of the dimensions, or factors, on this scale we labeled "autonomy." It included such items as "I like music," or "I do well in music," "I do well in art," "I like to work individually on my own," "I like to do things on my own," "I don't particularly care whether I am in a group," "I can speak well." They all sort of reflected the person's ability somehow to stand on his own two feet, to have some aesthetic capabilities and some feeling of being able to accomplish by himself, rather than always through somebody else.

Interestingly enough, this pattern does not show up for girls in the elementary school. Junior high and high school girls are always a good deal lower on this than are the boys. But more than this, the "How I See Myself" is a five-point scale in which five would be positive and one would be negative. For every other factor in this particular instrument, the average for any group at any age always comes out a little better than three. In other words, as you would expect, the average score is in the middle of the scale. On this factor, the average is always considerably lower than three. Children and youths do not see themselves as very adequate on these kinds of things at all; or, if you assume people overrate themselves on things that are socially desirable, they don't think these things are particularly socially desirable. I don't know which interpretation is right. But in either case, on the autonomy factor, youngsters derogate themselves more than on any other item, and girls consistently see themselves lower than boys.

The other piece that is interesting is that we stratified all these people on socioeconomic status from professionals down to unskilled and below that to unemployed. And then, when you look at the mean scores on all of the factors by that basis, and by age and sex, there is one group that consistently is lower than everybody else -- high school girls whose parents are in the semi-skilled category and whose skin color is white. They score lower than their Negro counterparts; they score lower than boys; they score lower than children of higher socioeconomic status. At least in our area, these girls feel most inadequate in terms of the acceptance of their body, acceptance of interpersonal adequacy, feelings about teacher and school, their concepts of themselves, and academic achievement. I would suggest that if someone wanted to do a follow-up study, this is probably the group that takes up early gratification behavior. I would assume this group produces the early smoker or the most difficult person to give up smoking. It probably has a higher percentage of pregnancies than any other group while still in high school. There is a relationship between how one views oneself and the ability to delay gratification, to resist whatever it is that forces one to say, "Let's eat, drink and be merry."

Moral behavior, if you will, or nongratification behavior at the moment, I guess, is a function of several things. It is a function of the ambiguity of the situation, being unclear about what one is supposed to do and how one is supposed to behave. This obviously permeates our culture. Youngsters are not all clear today, nor are adults very clear, about how one is supposed to behave -- what is allowable. Secondly, it is a function of anonymity. If one is out in the big city where no one knows him, and if he does not have a good, adequate self-concept, and if he is in certain kinds of circumstances, the chances of his engaging in gratification behavior are that much more increased.

The pressure of other people is another factor. If one is completely alone in the big city, one may be a little hesitant, but if there are three other persons with this one person and they say "come on," hesitation is a little harder. Gratification behavior, then, is a function of four things: self-concept, the ambiguity of the situation, the anonymity of the individual, and the pressure of others. If one's self-concept, particularly about his body and his interpersonal adequacy, is low, and if the situation is ambiguous as to what is right and good, then the chances are that there will be more immediate release of gratification behavior.

I think this is part of what Dr. Horn was referring to when he said the decision to smoke or not to smoke is something many youngsters slide into because of the ambiguity, because of the pressure of others, and because of an "Oh well, what the hell" kind of view they may have. We have to remember that these youngsters are searching for identity as Dr. Horn pointed out. If they do not have a sense of identity, and if this identity is not clear, then they get an identity through these other devices.

The pressure of others and the social setting are tremendously important here. For example, what are all these ashtrays doing out on all these tables? What kind of social sanction are we setting? There are two kinds of social sanctions: one, whether the other people around you are doing it, and two, whether it is set up so that it is available. Do we indicate by some mark or other that certain behavior is allowable, permissible, and socially acceptable? The presence of ashtrays, in effect, as innocuous as they may be and as empty as they are, is an indication that society says, "It's allowable." I have been trying to encourage pediatricians down our way to get rid of the ashtrays in their waiting rooms. I guess obstetricians are the next group I am going to approach. I am going to be persona non grata in the whole state pretty soon. To summarize this point, we have the problem of the culture. The culture is ambiguous at the moment. Youngsters can lose their identity very easily. The culture, where it is not ambiguous, sanctions the smoking behavior.

Why do we expect that we, as school people, can turn the tide? Schools in this country have never been agents of social change. They are always behind the other agencies for change. They are usually the most conservative and the most resistant. They mostly reflect only certain elements of the society. More than that, how can schools teach children to be different from what the children see all around them? My second point is that children learn from what they see. And here I am moving out of affect into cognition or intelligence.

We have what M. McV. Hunt calls the "problem of the match," which is the connection between the structure and organization of the child, and Item II, the nature of the immediate learning task. How do we take the structure and organization of the child, whatever it is and wherever it is, and match it with this immediate learning task of nonsmoking which we, at least in this room, see as our responsibility?

There can be mismatches in two directions and in two dimensions. First, we can mismatch him cognitively. What we ask him to learn may be, in terms of what he brings with him, too hard for him to learn. He does not have the structure and the organization and the background of experience to learn whatever it is we want him to learn. I am not talking about genetic intelligence, but about his actual learning. We may be asking him to learn something that is too hard for him.

The other mismatch is asking him to learn something that is too easy for him. You all know of youths in classrooms who engage in a variety of behaviors because they already know what we ask them to learn. I do not think that is our problem here. It is our problem if what we are asking them to learn is simply the information. If we want this learner to tell us, on a test item, that there is a relationship between smoking and cancer, then we are asking him to learn something that is too easy for him because he knows that already. He may not believe it, he may not operate on it, he may not apply it to himself personally, as Dr. Horn said, but he can regurgitate it on an examination for you. He tunes you out if what you offer is the pure data without the personal connotation with it.

Second, he may tune you out and be mismatched in the affective or emotional domain. He may see what you ask him to learn as too removed from himself and where he is at the moment. He says, "It doesn't apply to me." For example, if I look back to my own 3 1/2 years of military service from 1943 to 1946, I think my inability to learn some things they were attempting to teach me failed because they were too removed from my view of myself. As Dr. Granell said, I grew up in New York City. I got drafted after I graduated from college, and I was a real New York intellectual wise-guy. The Army tried to teach me how to drive a 2 1/2-ton truck, which was an insult to my self-concept. More than that, they tried to teach me first level motor maintenance -- to crawl under the thing and grease it. I can't say it was a waste of my time, because they had my time anyway, but it was a waste of their effort, because I never did learn. I was a failure at greasing a 2 1/2-ton truck. When my car stops running, I walk away from it. It is too removed from my view of myself as an intellectual scholar to soil my hands in that fashion. On the other hand, I am perfectly willing to paint my house and do other kinds of laboring tasks that I do see related to my role as a husband, father, and good neighbor.

If you are asking youngsters to learn something that they do not see as worth learning in terms of their own personality, you can talk forever. If they perceive what you are asking them to learn as too threatening to learn, too close to home, or too dangerous, they will resist. Again, I would like to refer to what Dr. Horn said about the danger of anxiety interfering with change. Some of our youths have developed definite views of themselves in which these kinds of behavior are fundamental. When you try to teach them information or attitudes that say in effect, "Those things that are fundamental to you are not good for you," then you may be too threatening. They will do what all of us tend to do -- engage in behavior to defend themselves from you. I would suggest that these 15 or 20% of the people who say they are incapable of giving up smoking are in the same classification as me being incapable of greasing a truck. It is not that they are really incapable on a realistic basis because anything that has been learned can be unlearned. But there is something about smoking that is so important and so meaningful to them, so much a part of them, that someone's saying, "You ought to give it up," develops these defenses.

Badgering people to change their self-concept or to give up a piece of it may lead them into defense or into hostility, but it certainly tunes you out. You can only win the game, in effect, if you solve the problem of the match. If what you are asking a youngster to learn is presented when the child's experience background is ready for it (I am not talking about maturational readiness at all) and is seen by the child as in keeping with his level of aspirations and goals, he will learn. If he sees some match between what you want and what he wants, then he is more open.

I would suggest that one of the reasons I doubted Dr. Horn's 1958-59 findings was related to this. As I understand adolescents, and I want to make it quite clear that I do not understand them very well, to have them think of themselves at age 40 or 50 is a mismatch. Anyone who is over 25 is over the hill to young people. They cannot think of themselves at that long-distance point. One of the ideas that characterizes adolescents and young adults is the sense of their bodies as indestructible. Because so much of themselves in adolescence evolves around the body image, they cannot think of themselves as having cancer, a heart attack, or emphysema. I think that if you pitch this way, then you are mismatching.

We are now faced with another problem. If you get the match, if by some sheer happenstance what you want this youngster to learn fits in with his image of himself and with what he already knows so that he can take advantage of the next learning step, by what process does he learn? I think he learns by active engagement with the world, not by passive means nor by mere manipulation of response mechanisms. And as an aside, I think it is very true that Skinner can get pigeons to look like they are playing ping-pong. The ball comes over the net, the pigeon swings his head, and the ball goes back over the net. I will believe that the pigeons are really playing ping-pong when I can ask one of the pigeons what the score is and get an answer. Surface behavior is one thing and fundamental change so that the meaning becomes a fundamental part of your self-view is quite another. What we are after, obviously, is the second. Behavior modification techniques will work on a small percentage for those for whom smoking is a surface behavior, but not for the massive number for whom it has greater meaning and greater intensity. We have to reach them through active engagement with this world and through some kind of pursuit. I do not mean that active engagement means physical running around. You can be sitting here listening and be actively engaged. I hope a lot of you are, but I am also enough of a cynic and a perceptual psychologist to know that what I say and what you hear do not necessarily match at all. I have not solved the problem of the match for all of us. For those of you who may have solved the problem, you are actively engaged without writing a note, without saying a word, without pressing a buzzer, or without getting an M and M, but by thinking along with and holding a personal dialog with me at this point. Active engagement does not have to be physical, nor does it have to be overt. It has to begin with a goal orientation -- "Why should I learn whatever it is you want me to learn?" This comes back to what Dr. Horn was saying about personal relevance. The goal has to be related to the student's perception of the world, not to our perception of the world. We first have to start out trying to work on the area of clarification of children's goal orientation. What is there in the goal orientation of 10-year-olds, junior high school youths, or adolescents that would make learning what we want them to learn answer their question of why they should learn it?

Now, to switch from smoking to something else, there was a very good study by Ralph Ojemann several years ago when he was still at Iowa. Ojemann and Pritchett were trying to test one of Jean Piaget's stage ideas about when a child can learn about specific gravity. Piaget stated there was no point in trying to teach a five-year-old; it was a waste of time because he could not conceptualize that way. Ojemann and Pritchett asked, "If we can stage it, sequence it, and arrange it so that we can get this child in active pursuit of answers and tied in with his goal orientation, will he learn it? They started out with the classic water experiment of what things float and what things sink, which has been cited a number of times; but then they did something that psychologists usually do not do in learning experiments. They asked the children why someone might want to know why things float and why things sink. When you think how rarely teachers have proposed this kind of question to kids and then multiply that rarity by some kind of other number, you will find out how rare it is that psychologists ever posed that kind of question to children, or pigeons, or anyone else in learning experiments. But they asked, "Why would you want to know this?" and got some very interesting answers. One answer was that it would be useful information to them because they run into trouble with their parents when they fill a glass with water and try to put ice cubes into the glass to cool the water. They thought it might be very practical to know something about how much water you can get into a glass and what will float in it, what will sink in it, and so forth. And some of them also said, "Well, if we can figure out an answer to that, maybe we can also figure out the answers to some other things." This is learning to learn paradigm. Ojemann and Pritchett started off from these kinds of responses from the children themselves, and then presented them with concrete experience in which they continually forced the youngsters to accommodate. For example, the children would say that an object was going to float because it is made of wood. Ojemann and Pritchett would take two objects made of wood, one of which floated and one of which sank, and would demonstrate so that the children could not fall back on the easy answers. They kept facing these youngsters with pairs that forced the youngsters into a realization that the simple answer was not enough. They gradually moved them through a whole series of these kinds of situations, involving them in seeing what was happening, trying to figure out what was happening, coming up with an answer, finding out that their answer did not work, and then finally they moved to where these youngsters were functioning at about what Piaget would say was an eleven-year-old level.

So children do seek meaning from their experiences. All of this seeking of meaning is affect-laden. They have to be engaged. I have some real problems as to how we are going to do this with some of these gratification behaviors. I do not really know quite how to do it.

But the child in the elementary school is certainly faced with a number of problems that are not goal orientations for him. He has to learn how to make sense from rules; he has to learn how to make sense from impersonal rule makers, like the government and the school. In elementary science, he has to make sense of the microscopic world. He has to struggle for concepts.

He has to learn how to make sense of things that hit him on the television set. I was watching a delightful, well-written, well-handled Kent ad. I think these are superb, with marvelous line drawings; however, they do not change my behavior because I am a nonsmoker. Five minutes later I saw the American Cancer Society ad of the children dressed up and going through a series of adult motions. It stressed the concept of identification and ended with, "Do you smoke?" The child sees both of these ads. The problem is, we have to let him recognize that both of these messages -- for and against smoking -- cannot be true at one and the same time. In effect, we have to replicate the Ojemann type of experiment in our classrooms. We have to let him examine the document recently published on the amount of tar and nicotine in the various brands of cigarettes alongside the True ad, which says, "We're at the bottom of the pile." Well, True is not at the bottom of the pile. Whom do you believe? How do you make a judgment? We need to interweave this juxtaposition of two sets of information and help him work his way through it.

The child learns by acting on his interpretation of the facts. He tries it out and gets some feedback from his environment that it does or does not work. We have to engage him in a lot of demonstration and a lot of discussion. This gets back to Dr. Horn's point that when you force somebody to spend 90 minutes of his time thinking about it, maybe this is the beginning of the change, providing all these other things are in the operation. We have to begin to help youngsters in school recognize, talk about, and think about the problem of the ambiguity of our value system. They also have to learn how to place all of this in some sort of historical perspective. This is one of the things I have been doing since I started out to be a history teacher and never made it. I read history for the fun of it. We tend to think that what we are experiencing in our society at the moment is brand new. There certainly are new elements in it; the kind of gratification behavior that we are seeing may have some new forms because LSD or cigarettes had not been invented, but when I taught Sunday School last year and focused on the Prophets, they were saying the same things. Society has never been all good or all bad; it has always been ambiguous and unclear. There have always been subcultures within it with all varieties of value systems. What we may be seeing is simply the reemergence of this into the public view, rather than a real change. I think these things have to be talked about to help youngsters face and accommodate to and explore what it all means to them.

I think my son, who is a fifteen-year-old and in the tenth grade, is blessed this year to have an excellent social studies and English teacher. These subjects are still combined in the lab school. The students are working on cultural anthropology, and the first step was to have the students develop some notions of what any society is supposed to have to survive. Then they broke into some small groups and each group had to devise its own ideal society. Now, if you want to find out what youths are thinking, this was marvelous. This led into some fantastic dinner discussions at our house because my son, along with his friends, developed a society called "Terra Nova," which came into existence when a rocketship was shot up to an unknown, previously uninhabited planet. It took three generations to get there, so they were able to have a Mayflower compact on the rocket ship about how they were going to organize it when they got there. Their ideas sort of shocked some of us. It made us wonder. One of the elements they decided upon was that there were going to be no families. This was very nice for 15-year-olds and a very interesting indication of how parents tend to bug them. There was not going to be hostility, violence, or war allowed. The teacher kept pushing them into, "Well, how are you going to govern?" They said they were going to isolate those people who did not behave, and use the silent treatment on them. They decided it was going to be a loving society from birth on, so people would not even learn to be hostile. They would not see hostility around them. This is the kind of study we need to encourage. It need not necessarily be in cultural anthropology, but we need to get into what their perceptions about this society really are.

The third point is that you cannot really learn without some perception of the results. You have to get a feedback. You have to find out whether what you thought was right was or was not. This is a critical problem in the area of something like smoking. As we know, it is gratifying, if you get past the first few, I guess. The feedback is that it is satisfying, which is the very feedback which is going to make it difficult to convince the youngster it is not good for him. His body is telling him that he likes it, and that it tastes good, that it is satisfying, that it is rewarding, that it does something for him. You have the problem that the results he gets, and the perception of the results he gets, are diametrically opposed to the concept that you want to teach him. Since he is a human being, he operates on his perception of the results and not on your perception of the results. So we have a very difficult task here. We have to teach him to discover the relationship between cause and effect when the cause is now and the effect is way off in the distant future, which he cannot perceive or which does not have much meaning for him. This is a difficult problem in the whole field of gratification behavior.

The youngster can see it more clearly, I guess, if he takes acid and has a real unpleasant trip, or if he takes marijuana and something happens to him, or if he gets drunk and cracks up a car. He gets a perception of the results as unpleasant. He learns something from it (we hope). But when he smokes, he doesn't get this. On the other hand, he gets the other kind of results. He gets perhaps the feeling of being an adult, which is rewarding. He gets over the hump of being at the bottom of the pile. He gets some peer recognition and peer approval. The cards, to some degree, are rigged against us on this particular factor of learning. I don't know quite how to get around it.

Concept formation is a personal process. It is not a cold, abstract, purely intellectual thing. It begins from personal experience with materials that have to be relevant to the learner; it takes the direct test back on your own body; it runs into the problem of what Bruner called "empirical verisimilitude," or it looks true; therefore, I think it is true. The best example of this in English is an ad that grates on my being, the V-8 ad: "But it looks just like tomato juice." So the youngsters say it looks like it is good, it tastes like it is good, it feels like it is good, it must be good, and here you are telling me it is no good. Now whom do we believe?

This is where we face the problem of the match. We need to try to take what we want to teach and match it with what the learner brings, both in terms of his self-concept and his intellectual background, then provide him with direct experiences that feed back into his perceptions of the results. We cannot deal with subject matter by saying, "Okay, we are going to solve it by a half-hour unit on smoking." We have tried that technique. It has to permeate all the subject matter in a whole variety of ways. I gave you one example from social studies; you can do this in linguistics, in propaganda analysis, and in a science class. It has got to spread through the whole of the child's experience. It has to build in a youngster some sense about the worth and dignity of his own body without getting into moral overtones. The youngsters will not buy that overtone. It has to be more scientific. Finally, it rests with the teacher. Unless he or she believes it, the youngsters see through the whole game. I can remember a physical education teacher who walked around with a pack of cigarettes in his shirt pocket telling us not to smoke. Behavior is far more fundamental than words.

We need to know the individual child because we have to tailor programs to him. We need to know what has cognitive and affective meaning to him. We need to know the material on the facts, if you will, on smoking and on all these forms of gratification, and then we need somehow to select appropriate learning tasks at his level, to begin this process of teaching him to handle gratification, to handle feeling, to learn when to delay, when not to, and so forth.

In addition, we need to know ourselves, to know what we are communicating in nonword fashion. If we are communicating a moral message by our tone of voice and by our body posture to junior high youths, this is what they are going to pick up. They are going to say, "Well, that is 'that' generation -- a bunch of squares anyhow, forget it. They don't want us to enjoy ourselves, but they think it is all right for them." We need to know what our own attitudes and feelings are to understand ourselves well enough so we do not present the youth with two messages at two different levels. We need to present him with a unified message.

Learning is a highly individual matter, and the teacher has the job of teaching for generalization a set of value-laden concepts about the body, about respect for others, and about delay of gratification. These have to be so designed that they have pay-off in immediate perception of results and this pay-off has to be tailor-made in terms of each child.

THE ROLE OF THE SECONDARY SCHOOL PRINCIPAL

Delmas F. Miller, Director, University High School,
West Virginia University

The question of what the secondary school principal can do about the smoking problem is an interesting one. Using the technique of action research, I presented the problem to the members of the Board of Directors of the National Association of Secondary School Principals, during a coffee break at a recent meeting. Their answers offered little or no light on the subject. The chairman of the group assured me he could be of no help since he was an avid chain smoker.

I next interviewed my son-in-law, who is a member of our local Board of Education. His answer resulted in a narrative description of his experiences in high school as a leader of an illegal smoking group who continually harassed the high school principal. He expressed amusement at the length one would go in forms of deception in a forbidden activity. Today he, too, is a two-pack-a-day man.

My next research was among my friends. I wanted an answer on what to do with the courtesy cigarettes furnished with air travel meals. Should one return them to the airline, take them home to his son-in-law, or write a letter of protest to some anti-smoking body? Most of my friends whimsically urged me to save the cigarettes for them.

This sounds like a gloomy picture, and I was very much distressed with the problem until I came to this conference. The first hopeful bit of information I received was that the incidence of smoking in the male population is only slightly above 50%. I assume the incidence of smoking among secondary school principals would be lower than the average population. I think I am trying to make the point that it is much easier for a nonsmoker to counsel young people than it is for one who violates his own teaching principles.

We carry a tremendous responsibility at the secondary level because we are in the area where the heavy smoking begins -- the junior high and early high school years. There are two things I can suggest we do, and we need your cooperation as a helping agency. I firmly believe you have the right idea in your physical education objectives when you stress the importance of the complete physical well-being of a person. We need to get across to youngsters the importance of being physically well at all times. It is in connection with this objective that information concerning the harmful effects of smoking is needed. The youngsters must determine for themselves what the plus values are and what the minus values are. They need to identify the habits that will lead to total physical well-being.

They must make their own decisions in the matter. We cannot determine values for them.

I was wondering why we couldn't adopt a plan of vocational guidance. Our vocational work with high school youngsters has been in the area of helping them to prepare for some life occupation. I believe we have done a fairly good job in this because we learn from the large industrial organizations that our students are coming to them well prepared in physical and mental skills. But we also know that many of these same students are not able to make the best use of their skills because their physical structure will not survive the rigors of our complex living. We are losing too many capable people in the prime of life because of heart failure and related diseases. It would appear logical that vocational information should include information on the values of being physically as well as mentally fit. When a youngster is conferring with his guidance counselor, his attention should be directed to the values of physical as well as mental well-being. We have always stressed the mental; why not stress the physical?

One of the speakers yesterday mentioned a new school organization that is on the horizon and has great promise for innovative instruction. He identified the new organization as the middle school. I share a great deal of enthusiasm for the middle school because it deals with the group of youngsters who are developing from childhood into young adulthood and who need special attention and special training. You know, we muffed a great opportunity with the junior high school. The junior high school has been fairly successful as an academic preparatory school, but it has been a miserable flop as far as fulfilling the objectives for which it was originated. If we can capture the middle school with a new curriculum, new program, a new approach adjusted purely to a child in transition, then we have a chance, possibly, of fulfilling an American dream. If we can incorporate our physical well-being information into the middle school program, possibly we have a chance for success in combating the harmful effects of smoking.

The evils of the junior high school can be narrowed down to the simple fact that it is an almost exact replica of the high school. If the students smoke in the high school, the youngsters involved in all of the other same activities in the junior high school surely will follow the smoking pattern. If we can establish the middle school as a separate entity and incorporate many of the fine activities related to physical well-being, then we have a chance of achieving our goals. This certainly would include information concerning the simple fact that cigarette smoking does not contribute to the physical well-being of anyone.

We ask physical education and health people to join with the secondary school principals and the curriculum planners in building programs that will enable youth to make the right decisions. I would suggest to you as citizens of communities where you live that when the middle school idea is approached, you get into the planning councils and see that the basic concepts are consistent with the needs of children.

Two views of the audience at the luncheon meeting during the Conference on Smoking and Health Education.

THE ROLE OF THE STATE DIRECTOR

Robert Holland, President, Society of State Directors of HPER

There are quite a few state directors of HPER in attendance at this conference. I told them that with the pressures of state legislature, etc., I did not really have time to prepare a speech, so if they would meet in my room for a little caucus, they could funnel anything into the presentation that they would care to suggest. Therefore, this presentation was prepared by the state directors in attendance.

We in our particular role cannot divorce ourselves from the total program. Therefore, the members have suggested that I say that the role, function, and responsibility of the state directors consist primarily of developing a cooperative working relationship with persons in local school districts to expand and strengthen the educational opportunities for all children and youth. Along with this effort to improve instruction in our particular curriculum areas, our role includes the areas of leadership, administration, and service. Therefore, the state director is interested in the various methods of working with this particular project on smoking and health education. I will attempt to cover very quickly what the role and function of a state director would be relative to specific efforts of this type.

We think that in the area of leadership, the state director can act as the liaison between the state department of education and the local, state, and national educational associations and agencies.

We feel that we must encourage research, experimentation, and status studies.

Another point would be to encourage the use of experimental teaching techniques, the innovative approach and putting action into many of the words that we have bantered about in recent years. Also under leadership is the possibility of helping establish in-service education programs, workshops, institutes, clinics, and such programs as will improve the teaching ability of the people that are presently employed and doing the job of instruction in our schools.

We feel that this brings us to a very important area in leadership: to work and help establish standards relative to the regulation of teacher education and certification requirements within our respective states. I know that all of these standards vary greatly throughout our nation, but the objective is still the same -- to provide a more comprehensive instructional program for boys and girls.

The last point under leadership I feel we should mention is the effort to acquaint administrators and boards of education with the aims, objectives, and purposes of our particular area of interest because we do represent a very integral part of the educational program.

Let us now move into the area of administration. In this second area we can assist in organizing and conducting the workshops that we mentioned, not only for our own teachers, but also for administrators. We find that many times we are called upon to work with the highly organized leadership level of administration. When we work with these people, we have to continue to communicate with their supervisors, their principals, the staff, the school administrator -- whether it be at the workshop level or as a consultant in their offices. This would move us to say that we must interpret the school laws, codes, criteria, regulations, and standards as they pertain to our field of education.

We also assist in the organization and administration of the studies I mentioned earlier -- not only the surveys, reports, and status studies, which are initiated in the state departments of education and for which we are responsible, but any study that would be coordinated through our particular state agency. In other words, we also act as liaison between lay committees, agencies, and other organizations that want to coordinate their efforts through the official agency of the state department of education. As you know, we have many people who call upon the services of health educators, physical education teachers, and recreation personnel. We must be the liaison and/or stabilizing effect upon what the department can do and at the same time continue to maintain a totally professional type of involvement.

State directors are also involved in working with institutions of higher learning and their administrative staffs in their efforts to develop materials. This is an important function because curriculum coordinators, administrators, and all people involved with curriculum development are interested in what materials the colleges and universities have available for distribution. Many times the state department is called upon to serve as a clearinghouse for the materials developed at colleges within their states.

This brings me then to my third point, that of actual service. Probably one of our major functions, tied up with leadership and administration, would be to act as consultants in planning clinics, workshops, institutes, one-day courses, drive-in conferences, or whatever you title such activities, to effect good personal relationships between the administrator, the teacher, and the state department staffs. We also assist in any way we can in developing a sound curriculum. Many times we must act as a stabilizing factor for the things that are way out on cloud nine, which we know the program would benefit from, but the limited facilities, equipment, supplies, and staff at the local level make it impossible to put these programs into effect.

Another service that most people are familiar with is the visitations to schools to assist in program development through evaluations, visitations, and inspections. This is a major function and responsibility. We feel that this function is based primarily on broadening the base of the program, so that special projects such as this one, relative to a critical health problem in our nation, will receive proper recognition and good direction.

We now move toward a service that is very time-consuming. This service is the dissemination of materials that may be developed at conferences; recent publications; statements available from our professional associations and school administrators; and any other statements that are relative to the curriculum of health education, physical education, and recreation. We find that it is a tremendous task to disseminate these materials to the local schools, the teachers, and the administrators.

Most state directors serve as speakers, moderators, and consultants at all types of local, state, and national meetings. This provides us a contact with all the people involved in developing a total program that will meet the needs of all youth.

Another point of service, and the last I will mention under this heading, is that of providing resources and information in these special interest areas for lay and professional people. Of course, this type of service is of primary importance to the project on smoking and health education. We mentioned last night that many states already have some type of state planning committee or interagency council organized as one approach to solving the smoking and health problem. We must be sure that there is no unnecessary duplication in the services performed or the efforts put forth within our states regarding the distribution of resource materials.

The state director in action must be concerned with the local school districts, professional organizations, and preparation of publications. In the local school districts, it is possible to observe all of the things that we have mentioned under the headings of leadership, administration, and services. In the local schools, our involvement would include providing the information and resource materials that are available and conducting individual interviews with local residents (which often helps to ascertain what they want to see offered in their schools) as well as personal visitations.

Boards of education are also increasing their demands for consultative services from state departments of education. This provides us the opportunity to state what appears to be best for each community.

Many times we cannot complete a task or assignment in the local school district alone. We realize that it is impossible for any one person to spend a day, or even a week, in a school district and be effective at listing all of the school system's strengths and weaknesses. Because our staffs are limited in numbers in most states, we request outside help from our professional associations. We rely on the materials developed by the Society of State Directors and the American Association for Health, Physical Education, and Recreation. We also depend upon assistance and support from the state affiliates of the AAHPER. The state associations of HPER serve as our arms, legs, eyes, and ears in working throughout our respective states.

Please remember that every state is a large state when it comes to problems in education. Therefore, geographical size is not the final determining factor in respect to what can or cannot be attempted and accomplished in a state. Each state does have many official and voluntary agencies, with their respective boards of directors and general assemblies, etc., with which the state director has probably established sound working relationships. We must wear many hats to accomplish our task. We also serve on many different committees. We realize our strength is in the professional organizations at the school and college level that are willing to support our efforts. If we can act as a sounding board for these groups, and they in turn for us, this is one way in which we plan to get the job done. In other words, cooperating with other agencies and with the other divisions and departments of our respective state governments in furthering the objectives of the programs in our particular area of responsibility is an important step in progress.

One last function to be mentioned is that of preparing publications. I think we would all agree that writing is probably the most demanding task that faces an educator. There may be one exception: having a committee write something, which is also a demanding task. We feel this function is one of the most important in which we are involved. We know that certain basic guidelines have been proposed to us. The question is, how will we work within each state to develop guidelines, policy statements and position statements, relative to the project, and how can the project's objectives be implemented in our respective states?

To be effective, we must cooperate with each school district, administrator, principal, and all organizations desiring to develop these needed publications. The following points must be considered in developing a common ground of terminology and action:

1. The first point would be the preparation of special releases which involves the schools, where material can be obtained, and the most logical place from which to distribute these materials. I think it boils down to the following statement: The state director is the representative of the official

educational agency within your states. Along with the value of having the state director involved or being a member of your team is the fact that he will help open the doors of the schools to these special interest programs.

2. The second point of value would be to coordinate all our efforts.

3. The third point would be to provide continuity. The state director is usually a permanent member of each committee on which he serves. Therefore, there is at least one place to which you can look for a degree of continuity regarding the records that must be kept relative to committee and/or project action.

4. The fourth point would be to help insure a cooperative effort since we must be interested in and committed to so many different facets of our particular areas of concern. We must keep informed about total curriculum development and help insure a cooperative effort between all areas of the curriculum. We must use every means to communicate with the school administrators and assure them that this is not just more of the same in another area; here is the point at which cooperation is most important.

5. The fifth point would be to communicate with other state leadership personnel: the state superintendent of public instruction, the director of the department of public health, and all other official agencies in state government; the state leadership in the voluntary associations, such as the state medical association; the state school boards association; or the affiliates of your state education association. Many times you will find that your state director is on a first-name basis with the majority of these people and would make your job of contacting them much easier.

In our position, we feel that we can organize and continue to work in coordinating all of the educational programs and all of the new innovative ideas that you may have. To paraphrase what Dr. Miller said, we are not only interested in preparing students to work, but we are interested in developing programs which prepare students to live. This is an overview of our roles and functions as state directors of health, physical education, and recreation. If we can help you in any way, please feel free to call upon us.

THE ROLE OF THE PTA

Robert Yoho, National Congress of Parents and Teachers

I appreciate the opportunity to speak on the subject of "How the PTA Can Influence Smoking and Health Education Programs in the Schools" and, especially, to address this particular group. I hope that most of you will excuse me if I behave occasionally as if I were talking to myself. I do represent the National Congress of Parents and Teachers on this occasion, but I also feel very much a part of the assembled group. Consequently, this will be an informal visit rather than the presentation of a selected speaker. I will take the first few minutes to review with you the program on anti-smoking which has been conducted by the National Congress of Parents and Teachers for the past two years. It has probably been mentioned to you that the interest of the National Congress was stimulated through a grant from the Public Health Service, and the Congress of Parents and Teachers agreed, by virtue of the contract, to do certain things. To reduce this to its simplest form, the National Congress of Parents and Teachers agreed that it would use its channels and its organization to persuade parents of seventh and eighth grade boys and girls to commit themselves to the proposition that they, as parents, would do everything within their power to convince children never to start smoking and to persuade those who have experimented to cease experimentation. This is the agreement and objective of the program of the National Congress of Parents and Teachers.

I think it is important as we delve into the subject assigned that we keep one particular point in mind. As we look back on the two years of the contract period and the efforts of the PTA in the anti-smoking program, we can say that the PTA has achieved the objective that it sought to accomplish. The PTA has completed the first stage of the agreement -- to reach the parents of seventh and eighth graders through the mechanism of the PTA with information and consultation which theoretically would influence parents in making this commitment concerning their children. I would also point out that during the third year of the contract, we hope that the primary efforts of the PTA would be to provide consultation and guidance through the staff of the smoking project for all PTA groups throughout this country.

We also hope they would understand more completely how public policy is developed and how public policy is represented in the action of the official health agency, reflected in the curriculum of the school program, and, especially, the school health program. We would like the members of the parent-teacher associations throughout the country to recognize that they have a responsibility in influencing policy and helping secure the translation of this policy into curriculum construction. We would hope that as a result of this third year of effort, the membership of the parent-teacher association and the leadership would develop a better understanding of how they can work with the school officials and other official groups, and with professional agencies, in influencing improvement in curriculum development.

However, I would like to point out that this is not the total program of the PTA in the field of health. Most of you are aware that the primary purpose and the primary reason for PTA existence is to promote, protect, and maintain the health and welfare of children. If you have reviewed statements and commitments made by the PTA in recent years, you will see further evidence of this interest. For example, in the past two years, the PTA has expressed a wish that the schools do more than they have done previously in the area of sex education, venereal disease education, family planning, alcohol and drug abuse, and smoking. These concerns are reflected in resolutions that have been formally adopted by the PTA. I also call your attention to the fact that for many years the National Congress of Parents and Teachers has promoted a program of continuous health supervision which most of you will remember was introduced as a substitute for and an enlargement upon the old preschool round-up. The objectives and approaches stated by the PTA in relationship to continuous health supervision provide a foundation for a program more sound than those proposed by many other official and professional groups. The important thing now is implementation of this program, and this can occur only when the strengths of the voluntary agencies and the PTA are linked with the strengths of the professional and the official groups. The PTA has certain strengths and certain weaknesses, and the professional groups have certain strengths and certain weaknesses. Working together these strengths can be used to advantage, and the weaknesses can be overcome.

I would like now to direct my remarks to the smoking program of the PTA and the program of the AAHPER about which you've met here today. The anti-smoking program, like many other special areas, has attracted considerable attention and the interest of many organized groups. The PTA, AAHPER, the U. S. Public Health Service, and others have become deeply involved. In addition, other agencies who are only slightly related or have slight interest in the problem have also joined the battle. At the national, the state, and the local levels, there are many groups who have a right to be concerned about the smoking habits of Americans and have a right to do something about it; and I think one of the first things that the PTA must recognize, and one of the first things that any voluntary or professional agency must recognize, is that it is not the only group concerned or that has something to offer. All must recognize that operating independently of each other, they can do nothing except duplicate and create areas of omission; but by working together, they may very well use the strengths and resources of all.

The PTA has approximately eleven million memberships throughout the United States. A membership more often than not represents more than one individual. These memberships are scattered in every nook and cranny of the fifty states. I would also add that the PTA, in this respect, has the same weaknesses as many other voluntary organizations; just because a person is a member does not necessarily mean that he is an effective member. However, there is great strength in the PTA membership through the mechanism that has been in existence for these many years.

Because of the particular interest and devotion that the PTA has to the cause of children and the emotionalism that is built around this, it can be outstandingly effective in making programs and movements acceptable. I have a concern about the PTA's role -- not because it is the PTA: I have the same concern about all other organizations. It must not by itself determine what the real problems are in a community, state, or nation. This determination has to come from the professionals, with involvement of the voluntary agency at the proper time. I am most reluctant to think of the PTA as an operating agency in fields of health or welfare. Primarily, the PTA's job is to cooperate with other groups and other agencies. This does not detract from the fine effort of the PTA in the smoking project. In this instance, someone else determines the problem and suggests solutions. The PTA is in a strategic position to help implement the program. This is the primary nature of PTA involvement.

There is a great temptation for professional groups and official agencies to use the voluntary agency rather than to work with them and benefit from a truly cooperative effort of equals.

I also caution you against thinking of the membership of the PTA as being solely a missionary group. They are parents like many of you here. Their thoughts, habits, and attitudes concerning smoking are not very different from yours. Too much emphasis on the fact that one of the major influences on whether or not a seventh or eighth grader smokes or quits smoking is based on the pattern that is set by his parents could discourage many parents from working to achieve the objectives of the PTA and smoking program. This point should be made, but it should be pointed out also that regardless of the parental pattern, the hopes and desires that a parent has for his child have some influence and are reasons enough for parents to be actively involved in the PTA anti-smoking program. To harangue parents about the example they are setting for their children isn't our objective (we would like for parents to quit smoking, but this really isn't the purpose of the program supported by USPHS). We want parent interest and support. We want them to become involved to the extent that they act to accomplish objectives of the program.

In an effort to encourage people to attend meetings, we suggest that the PTA members answer just one question, "Do you want your child to smoke?" If the answer is yes, stay away from the meeting; if the answer is no, then come to the meeting. This is an attempt to convince parents that the concern is not their smoking habits but the habits of their children. If, because of this, parents do quit smoking, fine! But our commitment is to influence the smoking habits of future generations.

In the coming year, the PTA proposes to hold four or five regional conferences to accomplish what was mentioned earlier -- that is, to help the PTA membership understand how public policy is developed, how it is reflected in programs of the various agencies and schools, and how it will ultimately be reflected in the curriculum. We want to help parents appreciate that they have a role to play in determining policy and curriculum; and we want them to understand that this is an important responsibility. This has to be done in the proper way -- namely, the PTA's becoming involved in those things for which parents should be responsible and letting school personnel know what they are willing or not willing to support, with the understanding that the professional is responsible for detailed operations.

Cooperation between the PTA and the AAHPER, or any other organization, cannot be accomplished if we think only about what is said and done at the national level. Efforts must be extended down to the regional levels, as you are now organized and, finally, to the local level. There must be great involvement of individuals from both groups at the local level if results are to be achieved. To involve the PTA those of you in education will have to make the initial contact; you will have to approach the PTA rather than expect the PTA to come to you. The job of coordinating efforts of voluntary agencies and professional groups must be accomplished. This involves more than the PTA and the AAHPER. Much of the initiative should come from the educational group. This is your job as a professional.

CURRENT RESOURCES

Roy L. Davis, U.S. Public Health Service

In our office we receive many letters from people wanting different kinds of information. We see people engaging in activities, literature researches, and so on, and a lot of this is wasted effort because one of the tasks that was assigned to the Public Health Service by Congress when it decided to do something about the cigarette problem was to require PHS to submit to Congress every year a report on the current status of the smoking problem. This involves obtaining all literature that can be acquired from around the world in all languages that relates to smoking in any way, shape, or form -- the physiology, the whole bit, clear through to behavior -- and then translating, reviewing, analyzing, synthesizing, and reaching some conclusions about it. Now, this is a tremendous job, and, of course, a tremendous staff works on this. This information has been compiled into one major bibliography, and a monthly compendium keeps the material up-to-date. Therefore, if you want any information on any aspect of smoking, write the Superintendent of Documents or me, or work through your project directors because somebody else who understands bibliographies, research annotation, and these kinds of things, has probably already done the job.

Another publication, which is the kind of thing I am talking about, has just come out. It is the "Directory of Ongoing Research in Smoking and Health." This is a simple rundown on research activities around the country and contains a brief statement about each project. This publication also will be kept up-to-date. Those of you who face the problem of meeting with groups and who want to have a broad perspective of the kinds of things going on would be helped by this publication.

There are many things that are going on on the national scene that will be of assistance to you. These are things that, in general, zero in on this business of beginning to change the social acceptability of smoking. So I will simply point out a few of these things.

We have already talked about the Federal Trade Commission's entrance into the field of smoking -- the fact that it is now testing the tar and nicotine content of cigarettes and periodically releasing this information. I think this can be very useful to you because certain cigarettes are less hazardous than other cigarettes, and this information should be spread to people. For example, if you have machines in your area and can't get the machines out or if you have places where cigarettes are sold, you can post these listings to bring home to the smoker certain additional facts that may make a difference in his smoking practices. I think that the Federal Trade Commission will continue this policy and that in the long run it will prove very helpful to us. It will also probably have some effect within the companies themselves, in that they will attempt to lower the tar and nicotine content of cigarettes.

I think you all know about the Federal Communications Commission's ruling on the application of the "fairness doctrine" to cigarettes. I am sure you know it is not equal time that is involved, but at least it is additional time on the health side of the picture. This also is beginning to have a real impact, in that the various TV stations throughout the country are using the materials developed by the American Cancer Society, American Heart Association, National Tuberculosis Association, the Public Health Service, and other groups. Along this line, I would like to alert you to one other thing. I think you know there has been a national driver's test and a national health test. These two tests had considerable impact on the country and were rated by CBS as their outstanding public service-type programs. About the middle of January, CBS will have its third national test, and it will be around the business of smoking. Now the thing that I think you should know is that all CBS outlets around the country do not necessarily use the materials that are produced by the national CBS. If people in local communities get in touch with the local CBS outlet, the chances are much greater that this particular program will appear on the local station. So I would urge you who are interested in in this work either with other groups and people or alone to inquire of your local CBS station if and when this program will be shown, what kinds of materials will be available, how to obtain the answer sheets, etc. It is our understanding that materials will be produced by CBS in the form of mats which will be sent to the local CBS stations. They will be available for reproduction by groups, so if you are a college professor and you would like your classes to watch this program and to have the answer sheets, you can obtain the mats from your CBS station. The implications of this for high school programs, health education classes, and PTA programs, is, I think, quite obvious. Those of you who are in interagency councils, or in health departments or health agencies, might give consideration to how you can help the people who watch this program and are truly motivated to take some subsequent action with cessation practices. What can be done in the establishment of withdrawal clinics? Do you wish to put riders or trailers in the releases for the CBS program? You could say that all smokers who are interested and would like to have more information about this should get in touch with the interagency council, etc. If you are on a college campus, there are probably a fair number of students who would like to stop smoking. They could be referred to their college health center or to some other source. There is the opportunity to follow up here.

I think you know that the Department of Agriculture is putting a great deal of money into trying to learn about the tobacco plant and its processing and what can be done to make cigarettes less hazardous. The American Medical Association, with tobacco money, is pursuing the same route. Other sections of the Public Health Service and other research organizations are attempting to find out the mechanism by which cigarette smoking leads to emphysema, chronic bronchitis, and other diseases, and whether there are other things that could be developed within medical science and medical practice itself to alleviate the results of smoking. There is a move within the department to proceed rapidly with the development of a less hazardous cigarette. There is a great controversy in this area. There are those who say that the development of a less hazardous cigarette is the only approach to the problem. The other side of the coin is how do we then present this to students? Can we tell students that there is a safe way of smoking, or that it is all right to smoke?

A task force which reports to the Surgeon General has been appointed to formulate recommendations as to what needs to be done in this country and by the Department of HEW in the behavioral and educational realms of the smoking problem. That task force has met, and its report will be submitted to the department about the middle of February.

Airlines came up a few minutes ago in the discussion. There are three or four airlines that have not distributed cigarettes for quite some time, and the most recent additions to these are TWA and Eastern, who have just announced that they will no longer provide free cigarettes on airplanes. Cigarettes will be available if you ask for them. Other airlines have indicated interest in doing something about this, but they apparently feel that most of their passengers like the cigarettes and until the industry as a whole does something about the problem, they are not about to undertake it. But these reflect very great changes in the general social acceptability and the willingness to do something about the problem. We have magazines that no longer will accept advertising for cigarette smoking. We have insurance companies who are offering lower premiums for nonsmokers, which substantiates in a different sort of way that if you stop smoking you are a much better risk.

A little over a year ago, all the educational TV stations were asked if they would be interested in participating in a competition for the development of educational TV programs about smoking. A high percentage of the stations indicated their interest. A number of these stations now have money to develop programs for educational TV. The sites that are involved are Boston; Washington, D. C.; San Francisco; Salt Lake City; Topeka; Honolulu; Houston; and Portland, Oregon. More than half of these educational television stations are dealing with subjects that will be pertinent to boys and girls in the classroom situation.

There is a National Interagency Council on Smoking and Health that has various organizations represented on it. The NIC has developed a filmstrip for teacher training, which has had very wide use around the country. The NIC also sponsored the World Conference on Smoking and Health, and it also has an education committee which has the kind of representation you would expect to be on an education committee. Dr. Natt Burbank is the chairman of the committee.

There are, in addition, about 80 or 90 interagency councils at the state and local level. As you proceed to develop local conferences, you might well find out if there is an interagency council in your area that can be of assistance. Some people have suggested that the interagency councils to date have been nothing but stores. Unfortunately, they have not had much in the way of materials. Those of you who are interested in developing programs in schools might help the interagency councils by letting them know your needs and by working with them in this realm.

I would like to talk about a few intensive projects that are being funded by the Public Health Service. The original Horn Portland Study of 1957 has already been discussed. It is now being reproduced. Right now some 26,000 junior and senior high school boys and girls from 62 schools in the northern area of Illinois are involved in this study. The major modifications from the original Portland Study are that junior high school age youths and rural youths are involved. The major objective of the first phase of the study, which has been completed, deals with trying to find out whether the smoking situation among boys and girls of these ages is the same as it was back in the early days of smoking studies. In addition, more information on smoking practices at the rural level and at the junior high school level is desired. The testers want to reassess the methods and findings of the Horn Study. And also they have developed what they call a student-centered approach, which involves student planning. I think it is a more dynamic educational activity than was used in the original study.

The preliminary findings are being reported. They were reported at one of the school health sections at the American School Health Association's joint sessions at the American Public Health Association in Miami. If you write to Bill Creswell and team at the University of Illinois, they will supply the findings, or I can. I should point out, however, that the only thing they can report at the moment are the baseline findings. This study is really a very sophisticated one, and elaborate computer and data analysis techniques are being employed. It will probably be the greatest gold mine of information that we have on student smoking practices. They are in the process also of analyzing the impact of the educational techniques that were employed. This, of course, will be even more interesting. Again, you heard from Dan Horn that some of the findings are quite different from the original study, and they have clues to these. This project will go on for at least two more years and perhaps even longer. They will continue to pursue various things that appear to be promising along the lines of educational techniques. At the moment, for instance, they have found that, although certain schools had been set up as control and experimental groups and everything had been done to match these groups, there are some rather vast differences. In some junior high schools they would have virtually no smoking. In others, they would find that smoking would be very heavy -- over half of the kids were doing it. They wanted to find out why this was so. Now they have staff working on a full-time basis, not as smoking study people but more in the realm of counselors to try to figure out what are the differences in this particular school and in these particular communities that might provide clues for study into smoking behavior.

There are two major studies under way: one in San Diego, the other in Syracuse, which we call our community laboratories. They will each run five years and cost in the vicinity of a million dollars each by the end of the five-year period. The basic concept here is that if we are going to do anything about smoking, we are going to have to get practically everybody in the community reinforcing each other. It doesn't make any sense for the schools to be going their way, with parents, physicians, mass media, the military, and everybody else not going along with them. So basically what this study is doing is going through an organization process of getting all the various components of the community working together on the development of their own program. There is a large commission on education in San Diego which has tried to figure out what we can do in the schools; how we can go about doing it; and how we can measure where we are. There have been some very extensive surveys made. The military in San Diego, because it is a military community, are working along the same lines. The professional groups, the public information and public relations people from all the major industries, and the newspapers have gotten together and are doing likewise. From an evaluative standpoint, household surveys were made by outside groups as to the status of smoking in those communities; and at least five years after the surveys were made they will be remade to find out what changes have taken place. I think it is obvious that we will never know what effect the schools have had (as opposed to TV effect, etc.); we simply will never know this. We will know a great deal, however, about what happens when a massive community effort is mounted.

I have said nothing about the community laboratory in Syracuse, New York, simply because it is a little bit further behind in its schedule. It has had a school project underway for quite some time. Presumably that school project will phase into the community project sometime in the near future. The basic approach in that community laboratory, however, appears to be in the direction of a focus on industry -- attempting to reach adults in the places where they work.

An entirely different project is being carried on at the San Fernando Valley State College, where researchers are trying to find out what the immediate effects of smoking a cigarette are, and how these immediate effects can be used in a more effective way with kids. They set out with 400 healthy college males between the ages of 17 and 24 to investigate this area. They are running through a whole series of psychological and physiological tests dealing with work performance, blood level, personality, and tests of cognition -- the whole gamut as a group of educators and physiologists would put it together. It is again truly a masterful job. These people are in the second year of their study, and there isn't any question but that there are immediate physiological changes that take place after you light up a cigarette. There have been several indicated that we have always known about. We have known that if you smoke a cigarette something happens to your peripheral circulation and this kind of thing, but we have never known about these immediate effects in their complex nature and interrelationships. They are coming up with the evidence that, indeed, there are almost immediate effects that may be the forerunners of what we eventually see as the damage resulting from cigarette smoking. The purpose of all this is to develop new approaches, and the next years of this project will focus on that. Again, these people presented a paper at APHA and it is available from them; but I think probably in about a year the information will be even more useful to you.

There is a similar study underway at Santa Barbara, California. This one deals with the fact that certain changes take place in the lining of smokers' lungs. It was decided that this might be used as the basis for education programs with college students. It is different from the other study in that they would like to determine how they can use this with physicians, nurses, and other people in the college health service on a direct one-to-one conseling basis. They were fascinated with the fact that about 95% of the youths who were told of these changes voluntarily arrived in the health service for some assistance to do something with it. It may well be, of course, a case of their being scared to death!

The emphasis in Dr. Holter's project in West Virginia is in the area of teacher training. We were concerned with the perceptions that teachers have of their role in doing something about smoking education and how they feel about their training. Do they think they were adequately prepared to teach health and smoking education? How do they feel the teacher training institution can help them to do a more effective job? This is what Dr. Holter has been working on for about a year and a half, and presumably this will lead to development of more effective pre- and in-service teacher education programs.

The University of Nebraska for a long time has felt that it is the students themselves who have the greatest influence on other students. And so they devised a program in which, first of all, they would employ some students to serve as health clerks or health educators in all of the colleges and dormitories. Their eventual hope is to have one on every floor of every dormitory and every fraternity. The individual who serves as a health educator or health clerk is a "go-between" between the college health education and health services program and the place where kids live and eat. They divided their students up into two groups. They then trained the health clerks who are in the experimental group on all the health education topics including smoking. The other group they kept as a control group and carried on the regular health education with them but left out the smoking education. The only positive things we have so far -- the experimental part of the study is only three or four months along -- is that they did find, with the women, at least, that the smoking in the experimental group did not increase at the same rate as in the control group. The analysis also showed that the whole attitude toward smoking in all groups on the campus, boys and girls, had changed. This project will continue for quite a number of years yet.

Another national project is that of the National 4-H Foundation, and the basic idea is to attempt to reach boys and girls through the voluntary associations that they attach themselves to, such as Campfire Girls, Boy Scouts, Girl Scouts, Little League, and so on down the line. Two major projects are under way through subcontract with the 4-H Foundation; one of these is in Oregon and the other in New Mexico. Staff has been employed by the Foundation, and the basic idea is to find out what is being done through these types of activities along the lines of planned health education and what are the other incidental experiences that occur in these organizations that might be used as vehicles for smoking education.

Out in Portland, Oregon, 12,000 pupils are involved in a major study on the matter of smoking. The interesting departure here is that this project goes from kindergarten through grade 12. This project is using the older pupils to work with lower grade pupils. All of the projects I have mentioned so far are involved with pupils. The pupils, incidentally, are being individually identified. These pupils will be followed over the long period of study. Most of the studies we have had to date have not done this. We have always had to compare groups of students. A couple of other dimensions on the Oregon project are that there will be deep work into the areas you have been probing. They hope to find out what some of the interrelationships between knowledge, attitude, and practice are, and their design would seem to indicate they will be able to find out all of these things. They also have the hypothesis that a teacher's knowledge, attitudes, and beliefs are the determining factors in whether she does anything; the same holds true for principals -- whether they do anything about smoking and how they go about doing it. They will be testing this out, and again the controls are extremely good. You may be interested in two other hypotheses they have and hope to test. The first one is stated negatively: the schools cannot do anything about this type of social problem when everything is lined up against them. The other is that certain knowledges, attitudes, and practices that boys and girls exhibit very early in their school years are predictive of whether or not they will become smokers. This would mean, of course, that we might be able to identify potential smokers and begin to gear objective educational programs for them.

A project in another local school district is based on the idea that if you are going to change teachers and change what they do in the classroom, you have to establish a certain kind of environment around these teachers; you have to give them certain kinds of support; you have to take teachers that are highly motivated in the first place; you have to work with very few teachers, and you have to train them over a long period of time. This project will run for quite a number of years. It started out with nine teachers from three different schools and three different grade levels. It involves 60 hours of instruction just in the area of the nervous system and cigarettes at the seventh grade level. I think there is a fair amount of research that indicates that if you really wish to change teachers' practices in the classroom, you have to work very hard at it and they have to work very hard at it, and you have to have very rich resources. Again, no evidence on the experimental phase of this project is available, although we do have some baseline data.

The state departments of education are also interested in the smoking problem, and are concerned about what their role is. A major project is underway in one state (California) to study this particular matter. A fear that many have is that the state department of education staff will spend so much time on smoking that all of the other parts of the program will go down the drain. However, if you can give sufficient money and resources to the state department of education in this area and put the individual in the right place in the state department of education, it will not only free the people who ought to be working on broad school health education, but by the same token, it might free the state interagency councils so they could get on with some of the other problems that they had and not spend all their time in the schools. The study in California will find out what happened to 50,000 state teachers' guides that were produced in that area. Why, when they were sent to all the teachers, are people still writing for them, and do they make any difference anyway? Is this what teachers want?

Literally hundreds, if not thousands, of surveys of smoking knowledge, attitudes, and practices, and every possible variable that you can think of, have been developed. I would urge that those of you who wish to measure, for baseline purposes or even for educational purposes, knowledge, attitude, and practice about smoking get in touch through your channels with us in the Clearinghouse. We have the questions, and we are happy to make them available to you and to decide how these questions have to be modified, how they have to be put together, and so on. With all of the projects that I have mentioned and those that I haven't, we have attempted to reach some common ground so we can begin to compare some things.

The last point that I want to discuss is the whole problem of enforcement. Enforcement poses a tough problem to school administrators, and we are getting literally tons of calls on this particular thing. They want to know how should they do it. Should they have smoking rooms; what are the pros and cons? What is the research that we have, and so on down the line. I don't think we have any answers. We do have hopes that through Natt Burbank's work and that of other components of the National Education Association -- work with trustees and school administrators associations -- we can begin to get the people together who might help us decide what the best ways are to handle this.

A LOOK AT THE FUTURE

Fred J. Holter, Professor, West Virginia University

Probably not very many of you find time to read newspapers while attending conferences, but a new light was thrown on the cigarette problem in Bill Buckley's column in yesterday's Evening Star. This may jar you, so let me read it: "A 22-year-old student, strolling along the West Side (New York City) was accosted by three Negro youths. Did he have a cigarette? Sorry, he didn't, so they stabbed him to death." It appears that there is an extremely exclusive club of young Negroes in New York City whose membership is limited to those who have killed a white man. The signature of the club killing is said to be the preliminary question, "Do you have a cigarette?" and the rules are that if the passerby is carrying cigarettes and makes them available, he is spared. If the person happens to be a nonsmoker -- well, you can't win them all!

Cigarettes, one way or another, are a hazard to your health. At least you had better carry them on the West Side of New York.

As we project, and you know this, we are in a quandary since we are only against cigarette smoking. We are not against cigar and pipe smoking because the mortality and morbidity rates for pipe and cigar smokers are approximately the same as for the nonsmoker. Some of our crusaders just throw this in incidentally. But we need to be objective; we need to know where we are.

In all probability, cigarette smoking may go the way of snuff sniffing and tobacco chewing. We may come up with some new forms of gratification behavior that may be better or worse from a health point of view.

We could be riding high at the moment, but the average American is a gambler at heart. Everybody was excited about paralytic polio and just could not wait until the vaccine was developed. We also have a measles vaccine, and now that the scare about paralytic polio and measles is removed, we forget about it. Consequently, we have a large reservoir of kids who have not been immunized for either polio or measles. Are we apt to run the same risk in smoking education?

There is a lot that we do not know about cigarette smoking and all of the rest of it. Roy was suggesting yesterday that maybe they will come up with a pill. It was indicated at the World Conference on Smoking and Health that there will probably be a safer cigarette. Dr. Horn had some interesting figures yesterday and regardless of what we may do from this point on, the amount or extent of cigarette smoking is going to decrease. In other words, cigarette smoking is slowing down and, like everything else, whether it is true or whether it is a rumor, if you hear it often enough, you begin to believe it. Some individuals will stop smoking, some won't start, and others will alter their smoking habits regardless. We have not reached the potential in reduction according to population statistics.

However, we need to remind ourselves that we are now part of a crusade. There are inherent dangers in crusades because too frequently, we react emotionally rather than intelligently. We may even lose our broader perspective. This is the old story. When the Congress gets behind something and appropriates money, things get done and things are happening in regard to the smoking problem.

We are now a part of this great movement that is taking place in smoking but I want to add the rest of it, and health education. We must not forget that smoking education is part of something larger; it is smoking and health education.

We do not know all the answers yet on influencing behavior. However, one of the things that is going to come out of all of this interest and work in smoking and health education is a behavioral approach to the problem. Since smoking is a gratification type of behavior, what works in smoking education should apply to other concerns in health education, such as alcoholism, sex, eating, use of drugs, and possibly accident prevention. This will really be significant for health education!

We need to remind ourselves, as we look into the future, that our focus is on children and youth in the public schools, or wherever they are, in local communities. We need to underscore communities. Whatever we may do is going to have to fit the total local situation.

This reminds us, and this is not a new statement, that health education is a many-splintered thing. The School Health Study really told us nothing new about what is going on in the schools. It was a well-organized effort to find and substantiate many things we already knew. As we go back and work in our communities, we must get involved in a philosophy of health education, what it is, and how it must be handled and perhaps who should handle it. Is this something that can be done in a single course, a sequential program, K through 12? Is it to be correlated and integrated with other subject matter disciplines? Or just how can this be done best in the schools?

Are we coming along and promoting just another specific program? We now have in our schools this type of segmented approach to health education. We have sex education; we have alcohol education; we have medical self-help; we have home nursing; we have first aid. Are we merely going to add smoking to these? Is this our concept of health education in our schools? It isn't only the school as a social agency that is involved. We have our voluntary and official health agencies, we have the Public Health Service, we have the U. S. Office of Education, we have state and local health departments. Many of these are concerned with disease entities or specific health problems of primary concern to them without any real consideration given to a broad program of health education.

It seems inevitable that, as we go back and work in our communities, we are going to have to develop a broad philosophy of school health education before we can do anything of a positive nature. This is a great opportunity to clear up some of the things that are going on in the school under the guise of health education. We are not only concerned with students; we are also concerned with teachers, school administrators, and adults in general.

There is a tendency on the part of many in health education to latch onto anything that is given to them, whether they understand it or know how to use it, or whether it applies to their situation. This is a tough assignment. These people are not trained professional health educators, but are ones who have been given the assignment for health education, and we need to be sympathetic and appreciative of their problems. They are like the drowning man grasping at anything that comes along. Consequently, a lot of what is done under the guise of health education has suffered. What this implies is that our local and state teams, whether we like it or not, are going to have to become involved in strengthening, developing, promoting, and guiding a broad program of health education in our schools. This is basic, essential, and fundamental. If we are just going to run in and wave the "No Smoking" sign, then this conference and anything we are going to hold will be wasted.

All of us on the advisory committee agree that you are a swell bunch of people and we are real proud of the job we did in picking you. You are going to make us look good. You are going to have to go back home and pick some people that are going to make you look good and do the job that you visualize in your planning and promotion; this is going to have to be done in the districts, in the individual states, and in your local communities. This is not easy.

There are a lot of people who will come to a meeting if you will pay their travel expenses and give them a per diem allowance. The problem is to get people who will come for travel expenses and per diem and who will work when they get back home, like we believe you are going to work. You are going to have to twist arms and prod and do whatever else it takes to get this job done. You have taken on a rough assignment.

I have the pleasant task to tell you that we didn't bring you here for fun. We brought you here to get a job done and to tell you that you will have a few federal bucks to go back to your bailiwicks, get to work, and get the job done. This is why you are here, and I hope you have had fun on the side.

We do not need to remind you that you are going to go back and develop some leadership -- you are going to have to find some people who are dedicated. Dedication is an old-fashioned word. I am from another generation, and I still respect dedicated, motivated people who have convictions about what they believe. I am not talking about some guy in a rut, but one who has a basis in fact for what he believes and lives by his intelligence.

This is the way we look to you. We are sure there are people like that. We hope there will be some creativity -- that is a good word that sprung up some years ago. All it means is to be original, get some new ideas -- creativity. Go back home and come up with some new ideas that will fit your situation.

I think the key word in what Willis has said is this word "on-going." To me, this means that eventually, down in some little schoolhouse, all of this thinking and planning will culminate into a real program. This is where it pays off. The payoff is not in all our planning, not in all of our talk; the payoff is what happens in the classrooms, in the schools, in my state, in your state, and to kids. Well, you have a rough road ahead of you, and you have had a lot of good advice -- now follow it!!

CONFERENCE SUMMARY

Hester Beth Bland, Indiana State Board of Health

If you feel about summaries as I do, you will appreciate the story about a little girl who was brought up by her mother and father always to mind her manners. On her birthday she received from her favorite aunt a beautiful package. Upon unwrapping it, she found a pin cushion. She was crushed, and she shed a few tears; for what could a little girl do with a pin cushion? Her mother comforted her and told her that Aunt Frances had made the pin cushion; that it was quite a nice pin cushion; and that she should write Aunt Frances a letter of thanks. Because the little girl obeyed her mother, she sat down and wrote a letter that read: "Dear Aunt Frances, I wish to thank you for the lovely birthday gift. I've always wanted a pin cushion, but not very much."

It is difficult, in view of all the presentations we have had, to pull together in a capsule some of the major ideas. In general, it may be said that this has been an impressive conference. First, the participants are impressive -- their quality, their interest, their enthusiasm, their promptness, and their willingness to work are unusual. Too often, people attend conferences, pack up, go home, and wait for the next one. Should that happen in this case, we should not have come. Plans that were made yesterday indicate that action will follow when the participants return to their homes.

We have been impressed by the quality of planning for this meeting, and particularly by the work Vince and Willis have done. Detail has been tremendous, and it has been worked out carefully. The quality of program participants -- Dr. Gordon, Dr. Horn, Roy Davis, Dr. Berman, and others -- has been most impressive. The responsiveness of the conferees has been unusual. You have listened, questioned, and continued to question if you were not satisfied with the answer. Your enthusiasm has been stimulating, and your interest in staying on to finish the work portends future success. The look is a forward one; it is encouraging.

The first session emphasized that this project should be a part of the total effort of health education. There has been no evidence of splintering. This is a good philosophy to follow. By giving special emphasis to areas of special interest, we may get a toe in the door to help improve the school health program. Ultimately any special interests in instruction should be a part of the health science curriculum. Ultimately our goal should be the consumer -- the school age child. This thought should be foremost during planning for district conferences.

Everyone present was impressed with the warm friendliness of Dr. Derthick. His remark, that people wouldn't mind doing the right thing if they knew what the right thing was, was significant. This is a good thought to keep in mind as we plan. Dr. Derthick also stressed the great need for cooperation, not only at this level, but at the state level. This is another guideline to remember.

Dr. Baughman reviewed the responsibility we have. He recognized the need to modify plans according to the needs of the districts. It is encouraging that Washington is not trying to prescribe a course for all six districts to follow. Great levity has been given to the participants. All that the managers of this conference, and the project, require is that the district plan be submitted for approval. This arrangement gives considerable opportunity to work according to the needs in the district and what will be effective there. Willis outlined the scope and needs of the project in his first presentation when he asked: "Where are we going?", "What organization do we need?", and "How hard do we want to work to get there?"

Dr. Chadwick's presentation was outstanding. His remark that the relationship of smoking and chronic diseases, the importance of it, and the difficulty in reducing chronic illness require major changes in behavior is a challenge. His summary pointed out that smoking is only one problem; others are lack of activity and food consumption. All of these fall into a category similar to the problems of smoking. Perhaps if one can be solved, others may be worked out. Maybe you will uncover in the problems of smoking a key which will help unlock other problems people face.

Mrs. Troupe and Mrs. Hardy pointed out the opportunities and the needs for educating children in the elementary school about smoking. Here is the area of greatest opportunity. Constant attention should be given to this opportunity when plans for future conferences are made. Dr. Berman emphasized the need for procedures to bring about systematic change and the importance of developing a curriculum within the community according to the needs of its people. A panel of agency personnel described materials and devices that are available for use. Inevitably, there was desire to know why things happen. Questions from the audience gave the chairman the difficult task of keeping people from talking about behavior -- the subject scheduled for the next day. The panel identified agencies in states and local communities that are interested or working in smoking education. One big effort should be to coordinate all community resources.

Dr. Horn's presentation on why people behave as they do, the behavioral aspects of smoking, and the similarity of problems was outstanding. When basic behavior problems are solved, many special problems will be solved. To teach by the scare method -- what will happen years from now as a result of today's behavior -- is little challenge to children in elementary schools. The challenge of teaching elementary children about health is they feel too well! They are not interested in what happens at 50; that is forever! Dr. Horn raised the question that if cigarettes were given up, what would people do to satisfy the reasons they smoke? This thought is reminiscent of Robert Ruark's exciting stories on Africa, notably Something of Value. Its theme -- if something is taken away from people, something else must replace it -- is applicable here. It is an important aspect of changing behavior. And another thing to remember is that people don't change very quickly. We crawl our progress; at least, we do in health education. It involves change in behavior, and this doesn't happen overnight.

Yesterday, Dr. Gordon's presentation enchanted all of us. His discussion of motivation, learning, and behavior was exciting. The child's efforts in trying to understand why he does things, how he learns, how he is motivated, what he wants to become, and the view he has of himself are significantly important to smoking education. Dr. Gordon spoke of acceptable behavior, how culture is changed, and the need to delay gratification. He emphasized the need to explore how to delay desire for gratification and pointed out that children learn by active participation -- the basis for Dewey's philosophy. This educator, early in this century, defined deficiencies in the school curriculum to reinforce that a child learns by doing. It was the beginning of curriculum enrichment and change. And we are still at it.

Last night it was pointed out that the PTA is a source of help and support in the community. Dr. Yoho stressed that we need to go to the PTA, that the PTA generally is not a professional group. However, the PTA reaches multitudes of people who have reason (and very good reason) to want to assist in smoking education. The PTA is a resource in every district and in every state. The banquet was a very pleasant affair, a nice culmination of conference activities. I was particularly glad to learn that the "rose is still on the bloom." Particularly in Indiana, we see roses blooming all over the place because we are headed for the Rose Bowl. Thank you, Dr. Neilson, for setting that up for us.

To summarize this conference, ladies and gentlemen, is not easy. I know how I feel about it, and I think each of you feels exactly the same. We've attended good conferences; we've attended bad ones; and we've attended those which have not moved us one way or another. This has been a good conference. You were screened and selected carefully. You should feel a bit honored to have been included because there were many names on the original list. You came because people have confidence in what you will do when you go home.

We especially wish to thank Vince, Willis, and Kay, the able secretary, and all others who have given assistance to this project and to the members of the advisory committee. It has been gratifying to watch the project develop from an idea. The real value of the conference will be decided when you return to California, Oregon, Washington, Florida, and all other states. This is only the beginning. Perhaps there will be opportunity in two or three years to review the project with pride. Even if smoking habits haven't changed very much, people will have received a lot of information; and maybe some will remain or become nonsmokers because of it.

Robert Holland spoke at the luncheon, describing the role of the state director of health, physical education, and recreation. From l. to r. at head table are: Carl A. Troester, Jr.; Delmas Miller; Roy L. Davis; and Hester Beth Bland, who presided at the luncheon meeting.

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APPENDIX A

Purpose of the Project

The primary purposes of the project are: (1) to develop leadership opportunities for individuals responsible for school health programs, with emphasis on smoking as a health problem; (2) to stimulate a higher degree of interdisciplinary and interagency cooperation in the implementation of programs in smoking and health education; (3) to assist the Education Committee of the National Interagency Council on Smoking and Health; (4) to initiate new and improve existing programs in smoking and health education in schools. As the project moves toward its objectives, additional needs uncovered will be given consideration. The director of the leadership project will work closely with leaders from education, public health, and voluntary agencies at the national, state, and local levels to encourage and assist in the promotion and development of cooperative approaches to better health education programs in schools and communities. An advisory committee assists the director in meeting the purposes of the project.

APPENDIX B

Criteria for Selection of Regional Leadership Team Members

It was agreed that the individuals selected to attend the conference must

(1) Be informed and convinced of the smoking problem as it relates to school programs

(2) Be dedicated to the problem

(3) Be powerful enough to obtain backing to implement the recommendations of the national conference and to strengthen existing programs and stimulate new programs in their own geographical areas

(4) Have a reasonable amount of time available to work with the problem without fear of being unable to accomplish the responsibilities due to time required for other projects or duties

(5) Be someone who will abide by and uphold the commitment undertaken by acceptance of the invitation to attend the national conference.

APPENDIX C

Guidelines for Consideration in Organizing a State Conference on Smoking and Health Education

1. An interested individual who is willing to work contacts two or three other similarly inclined individuals to discuss the possibilities of doing something concrete about the problem of smoking among the schoolage population in their state. The group should discuss the desirability of a state conference on smoking and health with particular concern for the values that such an activity would have for the children, youths, teachers, and adults of the state.

2. The group should arrange and should approve a list of "key" personnel to be invited to act as a planning committee for a state conference on smoking and health education. Personnel should consist of the following:

   a. Supervisor of health education -- state, county, etc.
   b. Superintendent of state department of education
   c. Supervisor or director of secondary education
   d. Supervisor or director of elementary education
   e. Representative of state athletic association
   f. University chairmen of health and physical education
   g. Director of public health education
   h. Public health nurses
   i. School health nurses
   j. Executive secretary or state president of PTA, or health chairman
   k. President of state association for health, physical education, and recreation
   l. President of college association for health, physical education, and recreation
   m. Heart, tuberculosis, and cancer representatives
   n. Secondary school principals
   o. Elementary school principals
   p. Medical society representatives
   q. Industry and civic club representatives.

3. Planning committee agenda should include the following items:

   a. Objectives for the conference

b. Length, dates, and site for conference
c. Director for conference
d. Program format
e. Suggestions for speakers and consultants
f. Evaluative procedures
g. Materials for distribution (folder to put materials in)
h. Budget.

4. The conference should focus the programs on the following kinds of persons and groups:

   a. Teachers (elementary and secondary)
   b. Coaches
   c. Health specialists
   d. Public health educators and other interested personnel
   e. School supervisors, principals, superintendents, and counselors
   f. Consultants and representatives from voluntary health agencies closely associated with the problem of smoking and health
   g. Parents and other interested lay persons.

5. The objectives of a state conference on smoking and health education could be the following:

   a. To provide information regarding smoking and health for teachers, administrators, public health educators, voluntary agency personnel, parents, and others interested in this phase of health education

   b. To establish a coordinated statewide effort in behalf of health education with special emphasis upon smoking and health

   c. To work toward the reduction or prevention of smoking among the children, youth, and adults of the state

   d. To identify leaders among teachers, administrators, public health educators, voluntary agency personnel, parents, and other interested persons who will be responsible for working in the state and district conferences to achieve these objectives

   e. To give a high priority to the problem of smoking and health in our own activities and to help the children, youths, and adults of the state to do likewise.

6. The state should be divided into districts where conferences following the state conference could be held, which would make it possible for the maximum number of teachers to attend with minimum travel. Where possible, a site should be selected in each of the districts so

that a representative of the institution could be present at the state conference. Two or three persons from each district or geographical area should be invited to the state conference charged with the responsibility of scheduling and conducting their district or geographical area conference. Some members of the state planning committee may be able to assist the various districts with planning the area conferences.

7. Followup area or district conferences should be planned and scheduled as soon after the state conference is completed as possible. These conferences should be scheduled in an attempt to saturate the state with small "grassroots"-type meetings for full implementation of recommendations from the state conference.

8. Evaluation of the various conferences, state and district, plus a followup evaluation approximately six months after the conclusion of each district conference, should be a part of the overall planning.

Funds

It is estimated that a state conference on smoking and health education would call for the approximate amount of $1,200 to $1,500. This figure covers costs of the following categories:

a. Duplication and printing of materials
b. Office supplies, including postage, paper, stencils, etc.
c. Secretarial services
d. Programs
e. Expenses for planning meetings
f. Expenses for planning committee to attend the state conference
g. Expenses of the leadership teams coming from each area in the state to attend the state conference.

APPENDIX D

Program
Alabama State Conference on Smoking and Health

Monday, October 9

8:00 - 9:00 A. M.	Registration
9:00 - 10:00 A. M.	First General Session Presiding: Willis J. Baughman Conference Director Greetings Introduction of Guests
10:00 - 11:00 A. M.	Keynote Address Speaker: George Pickett, M. D. Address: "Smoking and Health -- Its Implications"
11:15 A. M. - 12:15 P. M.	Conference Orientation Assignment to Work and Discussion Groups General Announcements
12:15 - 1:30 P. M.	Lunch
1:30 - 3:15 P. M.	Second General Session Speaker: Vincent Granell Address: "Leadership Development Project on Smoking and Health" Speaker: Pearline Yeatts Address: "Behavioral Aspects of Learning -- Its Implications for Smokers" Audience Reaction -- Discussion
3:30 - 4:45 P. M.	Materials on Smoking and Health Public Health Materials -- Forest E. Ludden Parent Teachers Association -- Mrs. E. S. Fuller American Cancer Society -- Lillian S. Meade

3:30 - 4:45 P. M. cont.	Alabama Heart Association -- Margaret Cotten Alabama Tuberculosis Association -- Frank Montoro State Department of Education -- F. C. Vickery Children's Bureau, HEW -- Robert McGee
6:00 P. M.	Banquet Introduction of Speaker Speaker: Roy L. Davis Address: "Current Research and Projects on Smoking and Health" Announcements
8:00 - 9:30 P. M.	Film Showing and Review of Materials
Tuesday, October 10	
8:00 - 9:30 A. M.	First Work Group Session Group I -- School Administrators, Supervisors, Teachers, and Coaches Group II -- Parents and Other Lay Personnel Group III-- Voluntary Health Agency Personnel Group IV-- Fall Quarterly Conference, Alabama Health Educators
9:45 - 11:00 A. M.	Second Work Group Session Group I -- School Administrators, Supervisors, Teachers, and Coaches Group II -- Parents and Other Lay Personnel Group III-- Voluntary Health Agency Personnel Group IV-- Public Health Personnel
11:15 A. M. - 12:30 P. M.	Conference Planning for District Conferences on Smoking and Health District I -- University of South Alabama, Mobile District II -- Auburn University, Auburn District III -- Samford University, Birmingham District IV -- Florence State College, Florence District V -- Jacksonville State University, Jacksonville
12:30 - 1:45 P. M.	Lunch

1:45 - 3:00 P. M. Final Conference Session
- Reports by District Conference Chairmen:
  - Lewis Hilley, University of South Alabama
  - Richard Means, Auburn University
  - Avalee Willoughby, Samford University
  - William Glidewell, Florence State College
  - Mrs. Palmer D. Calvert, Jacksonville State University
- Evaluation of Conference
- Conference Summary and Challenge
- Conference Adjournment

3:30 - 5:00 P. M. Joint Planning Session for District Conference
- Members of State Planning Committee
- Members of District Coordinating Committee